

# SCOURGE OF WAR: MENTAL ILLNESS AND CIVIL WAR VETERANS

by

DILLON J. CARROLL

(Under the Direction of Stephen Berry)

## ABSTRACT

This dissertation is a history of emotionally and psychologically damaged Civil War veterans. Only one monograph has been published on this subject, and it argued that mentally ill Civil War soldiers probably had PTSD. My dissertation examines the experience of war, how soldiers coped, the effect the war had on mental institutions and physicians, what soldiers and doctors thought about mental illness, the long-term effects on family and how the war ultimately influenced psychiatry.

I argue that to cope with the trauma of war soldiers turned to a variety of coping mechanisms, including humor, religion, camaraderie, and alcohol. Mentally ill Civil War soldiers were sent to insane asylums, which altered these facilities, so much so, that St. Elizabeth's Hospital became the de facto treatment facility. I also explore what Civil War Era Americans thought about mental illness in the years before modern psychiatry. Psychologists' believed most cases of mental illness during the war were caused by disease, not by fighting in the war. Soldiers believed that mental illness was the result of being "broke down" or "played out," broad terms that conveyed physical and mental exhaustion from soldiering. The families of these men took the logic even further, frequently arguing the war was responsible for mental illness. After the war, psychologists took cues from these groups, and began to argue "the war" or "army life"

as responsible for some cases of mental illness among veteran patients. Finally, neurologists in Europe and the United States began to theorize in the 1890s that trauma could damage the psyches of veterans.

INDEX WORDS: American Civil War, Soldier Studies, History of Medicine, Social History, PTSD, Veterans, Gilded Age,

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## DEDICATION

For my parents, Mike and Janet. And for my fiancée Lisa, who by the time this is all said and done, will be my wife.

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In the fall of 2008 I read *All That Makes a Man* by Stephen Berry. I was already obsessed with the Civil War, and in the early stages of an MA at Cal State Chico, but *All That Makes a Man* was hugely influential. Later that year I met Steve when he visited Chico, California to give a talk at the University. We stayed in touch after his visit. He graciously looked at drafts of my thesis and provided useful comments and criticism. After I finished, Steve urged my to apply to the Ph.D program at UGA and the rest is history. I have been incredibly lucky to have Steve as the chair of my project. He is an incredibly gifted thinker and writer, and he brought both of his talents to this project. Moreover, whenever I needed a jolt of inspiration I could always meet Steve in his office or call him on the phone. I always left our meetings incredibly inspired and remembering why I wanted to do this in the first place.

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for pushing a project to its intellectual limits. He has pushed me to think deeper about my historical subjects, in ways I never would have reached naturally.

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My parents, Mike and Janet, have been amazingly supportive. They urged me to continue my passion—the study of history—and were always interested in my studies and the progress of my project. And when I was thinking of dropping out of UGA and moving back home after my first year, they convinced me to stay the course and see it through. I'm glad they did. This project is in part a testament to their love and support, and is dedicated to them. Lisa North has been my rock throughout this journey. When we first met we were just college kids who loved to laugh, school was not high on our radars. But we grew together and supported each other in our academic endeavors, even when it meant I would move to Athens and she would move to New York. She is now a Nurse Practitioner at Columbia Presbyterian, and I will soon have my Ph.D. We've come a long way together. This project is dedicated to her with love.

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## INTRODUCTION

“He was Morose and Melancholy”

In the fall of 1862 recruiters fanned out across the northern states attempting to create more regiments. The war was officially more than a year old, South Carolina had formally seceded from the Union on December 20<sup>th</sup>, 1860 and the Deep South states followed shortly thereafter.<sup>1</sup> The election of Abraham Lincoln, a Republican dedicated to preventing the spread of slavery to the west, had led many southerners to believe the peculiar institution was imperiled. On April 12<sup>th</sup>, 1861 before a resupply effort was carried out, Confederate forces in Charleston, South Carolina opened fire on Fort Sumter, officially inaugurating the war. Four more southern states formerly sundered their relationship with the Union after Lincoln called for 75,000 volunteers to put down the rebellion in the Palmetto State. Both sides—North and South—believed it would be a short war. But after the bloodletting at Bull Run, Shiloh and the Seven Days Campaign, however, it was clear the war was not going to be short. A recruiter arrived in

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<sup>1</sup> For the history of secession in the South see: William L. Barney, *The Secessionist Impulse: Alabama and Mississippi in 1860* (Princeton: Princeton University Press, 1974), 190; J. Mills Thornton III, *Politics and Power in a Slave Society: Alabama, 1800-1860* (Baton Rouge: Louisiana State University Press, 1978); Steven Hahn, *The Roots of Southern Populism: Yeoman Farmers and the Transformation of the Georgia Upcountry, 1850-1890* (New York: Oxford University Press, 1983); James Oakes, *The Ruling Race: A History of American Slaveholders* (New York: Oxford University Press, 1982); William Cooper, Jr., *Liberty and Slavery: Southern Politics to 1860* (New York: Oxford University Press, 1983); Lacy K. Ford, *Origins of Southern Radicalism: The South Carolina Upcountry, 1800-1860* (New York: Oxford University Press, 1988); George C. Rable, *The Confederate Republic: A Revolution Against Politics* (Chapel Hill: The University of North Carolina Press, 1994); Stephanie McCurry, *Masters of Small Worlds: Yeoman Households, Gender Relations, and the Political Culture of the Antebellum South Carolina Low Country* (New York: Oxford University Press, 1995).

Lakeport, New Hampshire in the fall of 1862 and began the work of trying to convince the men of the Granite State to help put down the rebellion.

Joseph Moulton was a Lakeport native who decided to do his part and join the war effort. Before the war he worked in the foundry of B.J. Cole & Co. A coworker remembered that he was a “tough hearty fellow” prior to the war.<sup>2</sup> He left the foundry and traveled to nearby Concord to sign his name over to Uncle Sam. He became a soldier in Company A of the 15<sup>th</sup> New Hampshire Volunteers. The unit was attached to the 1<sup>st</sup> Brigade, 2<sup>nd</sup> Division, 19<sup>th</sup> Corps in the Army of the Gulf. They set sail for New Orleans, arriving in December. The unit was scuttled around New Orleans until May 1863 when they joined the siege of Port Hudson. In conjunction with Ulysses S. Grant’s assault on Vicksburg, Gen. Nathaniel P. Banks’ Army of the Gulf moved to take Port Hudson. Confederates at Port Hudson turned back several assaults on their fortifications, one including African American soldiers, who made several repeated charges to no avail, though their white compatriots were impressed by their bravery. After which, the Yankees settled in for a siege.

One day in June 1863, during the siege, Aaron Badger, who was the company cook asked Joseph to help him draw water. Joseph and Aaron had known each other since “boyhood” having both grown up in Lakeport, so the request was not out of the ordinary. The two men meandered down to a creek and filled up a tub with water. As they were hauling it back to camp, Joseph suffered some kind of psychiatric breakdown. “He had hold of one side of the tub,” Aaron recalled, “and all of a sudden he stopped and laid down on the ground and appeared to be

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<sup>2</sup> John C. Blake Deposition, 18 June 1892, in Soldier's Certificate No. 33300, Private Joseph D. Moulton, Company A, 15th New Hampshire Volunteer Infantry, Civil War and Later Pensions, Record Group 15, National Archives, Washington, D.C.

numb.”<sup>3</sup> Badger first quietly urged Joe to get up, then he became concerned and tried to rouse him. Joseph was shut down, so Aaron had to lift him up and help him stagger back to the cook house in his haze.

Joseph eventually recovered from the incident (which may have been a psychotic breakdown of some kind), but he was not the same man he was before. Aaron Badger recalled Joseph was often “morose and silent” “would not obey orders” and “appeared to be disinterested in everything.”<sup>4</sup> He was nothing like his former self; now he was depressed, obstinate and emotionally numb. Aaron Badger simply concluded: “he was not in his right mind.”<sup>5</sup> Joseph Moulton’s career as a soldier came to a violent close on June 20<sup>th</sup>. He was again getting water (bodies of water were bad luck for him apparently), this time for himself, when he was “hit by a small missile in the leg.” Confederates had opened fire on Moulton and his compatriots. Edwin Badger, a boyhood mate from Lakeport and a millwright before the war, rushed to his aid. Badger tied a “handkerchief around his leg” and Moulton was taken to the field hospital and then sent to a General Hospital in Baton Rouge.<sup>6</sup> John Aldrich, the Captain of Moulton’s company and another Lakeport native, visited Joseph while he recovered in a hospital in Baton Rouge. Aldrich, who returned to Lakeport after the war and became the Treasurer of the local Savings Bank, remembered that Moulton “appeared melancholy & acted strangely.”<sup>7</sup>

Joseph was discharged that summer and went back to Lakeport. William and Susan Moulton could tell immediately that something was wrong with their son. For one, Joseph was in terrible physical health. He staggered home “feeble” and, like many soldiers, was suffering with

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<sup>3</sup> Aaron C. Badger Affidavit, 24 June 1892, Joseph Moulton Pension Record.

<sup>4</sup> Aaron C. Badger Affidavit, 24 June 1892, Joseph Moulton Pension Record.

<sup>5</sup> Ibid.

<sup>6</sup> Edwin A. Badger Affidavit, 24 June 1892, Joseph Moulton Pension Record.

<sup>7</sup> John Aldrich Affidavit, 24 June 1892, Joseph Moulton Pension Record.

“chronic diarrhea” which he likely contracted in an unhygienic camp or hospital.<sup>8</sup> In addition to his physical ailments, Joseph was psychologically disabled as well. William recalled Joseph “was out of his head at times” and was often “nervous and excitable.”<sup>9</sup> For four years, William and Susan cared for Joseph. But by 1867, Joseph’s constant mood swings, anxiety and manic episodes proved too much. They took him to Concord, New Hampshire and he was committed on November 2<sup>nd</sup>, 1867 in the New Hampshire State Insane Asylum. “Has been for three years getting more or less crazy,” the physician wrote in his case report. The asylum described Moulton as “irritable and passionate” and sometimes “abusive and violent” with a “surly hang dog look about him.”<sup>10</sup> In 1880, he was sent to St. Elizabeth’s Government Hospital for the Insane in Washington, D.C. St. Elizabeth’s was the predecessor to the Veterans Administration mental health department, and the de facto asylum for insane Civil War veterans and enlisted soldiers. There, Moulton’s diagnosis was more clinical. He was diagnosed with “chronic dementia” supposed from “wound & sunstroke” received in the war.<sup>11</sup> He remained in St. Elizabeth’s until his death in 1903.

Following Joseph’s commitment, a running conversation about what happened to him began. The dominant theme was moral failure. The asylum physician traced Moulton’s mental illness as stemming from “practicing masturbation” which was believed to be a violation of morals and psychologically disruptive.<sup>12</sup> This information trickled down to the Lakeport community. Soon, everyone in Lakeport had heard that Joe was a masturbator and had been

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<sup>8</sup> William P. Moulton Deposition, 17 June 1892, Joseph Moulton Pension Record.

<sup>9</sup> William P. Moulton Deposition, 17 June 1892, Joseph Moulton Pension Record.

<sup>10</sup> Abstract of records from New Hampshire State Insane Asylum, 2 November 1867, Joseph Moulton Pension Record.

<sup>11</sup> Register of Cases at St. Elizabeth’s, Entry 64, Record Group 418, Records of St. Elizabeth’s Hospital, National Archives, Washington, D.C.

<sup>12</sup> Ibid.

driven insane by his immoral impulses. “There was a rumor then, that he was a masturbator,” Aaron Badger recalled, “but I never saw anything of the kind.”<sup>13</sup> The charge of masturbation was a scarlet letter of sorts for the Moulton family. Joe was stigmatized as an immoral deviant. The Moulton family tree was tainted.

William and Susan fought the rumors. Susan Moulton believed that the masturbation rumor was “slander” from “people of low standing.”<sup>14</sup> William also thought the masturbation charge was a cruel rumor. He believed that Joseph had become psychologically disturbed from his time in uniform. When asked by a pension official what he believed caused his son’s mental illness, he claimed: “I believe that it was caused by his army service.”<sup>15</sup> In 1890, Joseph Moulton was granted a pension from the government. His father William became his legal guardian and was the beneficiary of his pension payments. Exploring Joseph Moulton’s story illuminates previously unexplored themes in the history of Civil War veterans. Soldiering had a sometimes pernicious influence on the mental health of veterans. Terminology matters, and understanding how mental health was practiced and thought of prior to the advent of Freudian psychology is important. Mental illness is a social disease, and this project argues that it affects not just the patient but families and communities. The families of veterans were sometimes the long collateral damage of war, and struggled with a loved one unsettled by the war. Moreover, kin were often the most aggressive advocates of the idea that the war could cause insanity.

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This dissertation focuses on the Joseph Moutons of the Civil War—the men who returned from the war but could not successfully reintegrate into civilian life. It is not a general history of

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<sup>13</sup> Aaron C. Badger Affidavit, 24 June 1892, Joseph Moulton Pension Record

<sup>14</sup> Susan Moulton Deposition, 18 June 1892, Joseph Moulton Pension Record.

<sup>15</sup> William P. Moulton Deposition, 17 June 1892, Joseph Moulton Pension Record

veterans. It is not focused on Soldier's Homes, though the records of Soldier's Homes were consulted, and occasionally the voices of inmates play a part in the narrative. It is not focused on suicide, though suicide definitely appears throughout the story. Recent monographs by Brian Matthew Jordan, Paul Cimbala and James Marten provide a more general history of Civil War veterans in the Gilded Age. Very able histories by Patrick Kelley, James Marten, R.B. Rosenberg, and Rusty Williams have focused on Soldier's Homes. Important and sobering research by David Silkenat and Diane Miller Sommerville has drawn and will draw our attention to suicide and Civil War veterans. But this small and impressive body of literature has yet to grapple with mentally ill Civil War veterans in a sustained way.

Instead, this dissertation focuses almost entirely on mentally ill Civil War veterans who struggled processing their experience in uniform, the psychologists who treated them in asylums and pondered what happened to them, and their families who attempted to pick up the pieces of their shattered lives. This dissertation tells the story of the struggles of former Yankees and Confederates during and after the war. It seriously engages the work of mental health professionals before the advent of modern psychiatry. It traces the lost stories of the families of mentally ill Civil War veterans, who were in some ways, the long term collateral damage of war.

This dissertation makes the following claims: first, I argue, in the vein of Kathryn Shively Meier, that during the war many soldiers who felt they were suffering with psychological repercussions of combat, employed a variety of coping mechanisms. The most common, and successful, of these coping techniques was religion. Many soldiers came to believe that God had—and would—protect them on the battlefield, which gave order to the chaos and set their anxious minds at ease. Soldiers also turned to humor, shirking, and alcohol to deal with the trauma of soldiering. Civil War soldiers were not simply victims of their environment; instead,



they employed a variety of strategies to deal with the trauma of war. In our enthusiasm to diagnose veterans with mental trauma, we have paid insufficient attention to the mechanisms by which soldiers administered forms of coping and self-care.

Second, we have paid scant attention to the degree to which the practices and institutions of mental health care in the United States matured during and because of the Civil War. Recent work by Brian Craig Miller, Shauna Devine and Margaret Humphreys has found that Civil War medicine was far better and more adaptive than the image of the amputating table would have us believe. Something similar is at work in our understanding of mental health care in the Civil War Era. The psychological casualties of the war pushed the country's mental health facilities to the limit. St. Elizabeth's Hospital in Washington, D.C., became the de facto treatment center for Union veterans, and by 1864 was overrun with patients. Similarly, southern state asylums were inundated and overwhelmed with Confederate veterans who had become insane during and after the war. Even so, the field of psychiatry made steady progress in grappling with what would come to be known as Post-Traumatic Stress Disorder. As Allan Young has argued, the theory of traumatic memory, the foundation of PTSD, was not proposed until the 1890s, and asylum physicians tended to ascribe causes to effects, seeing alcoholism or unsteady morals as causing mental breakdown rather than being a sign of mental breakdown. Very gradually, however, some asylum doctors allowed themselves to be guided by what their patients were actually saying. In contrast to prevailing medical dogma (and lingo), soldiers drew on terms like 'played out' or 'broken down' to try to capture the mental and physical exhaustion that accompanied repeated trauma. Following their lead, at St. Elizabeth's Hospital, physicians concluded that over 60 patients, who were Civil War veterans, had been driven insane by "army life." Some southern asylum doctors took this even further. About the same number of patients at Western Lunatic

Asylum in Virginia were believed by physicians to have been driven insane from “the war.” Although not as frequent, other southern state asylums frequently tied the war into the mental illness of its veteran patients. In this they were also following the lead of the families of many mentally ill Civil War veterans whose “longitudinal” exposure to these men helped them argue for the most explicit connection between soldiering and insanity.

Finally, I argue for a far more careful, far more nuanced understanding and use of all of the terms that code for what we now call Post-Traumatic Stress Disorder. In our understanding of battlefield trauma (and indeed trauma generally) we are worlds apart from what we knew even in the 1990s, let alone in the 1890s. This work synthesizes current research on PTSD and updates how we can translate and integrate it into our understanding of the soldier experience of Johnny Reb and Billy Yank. This is important because it is becoming harder and harder to distinguish between a growing number of neurological conditions that resemble the manifestations of PTSD. For instance, Traumatic Brain Injury (TBI), which is a neurological condition that occurs after a closed or penetrating brain injury, which in addition to causing changes to impulse control and judgment, can sometimes resemble the symptoms of PTSD. Moreover, as PTSD grows in acceptance and popularity, historians’ risk giving blanket diagnoses to Civil War soldiers that obscure who had it and who did not. The implications of blanket diagnosis are huge. Historical agency is still important, and understanding psychiatry more clearly can help preserve the historical agency among Civil War veterans.

*Scourge of War* is a hybrid study; part history of medicine, part social history, part military and institutional history. Most of my sources and my analysis, however, is focused on the soldier experience, following them from their letters and diaries to their memoirs, through their pension records and the records of their caretakers, whether families, soldiers’ homes, or

asylums. For Union soldiers, I pay particular attention to the records of St. Elizabeth's Hospital, housed in the National Archives in Washington, D.C. St. Elizabeth's became the de facto treatment facility for Union veterans who manifested symptoms of insanity within three years of their discharge. The St. Elizabeth's archives are vast, and I uncovered just the tip of the iceberg. For Confederate veterans, I visited the records of Western State Lunatic Asylum, housed at the Library of Virginia in Richmond; South Carolina State Lunatic Asylum, maintained in the South Carolina State Archives in Columbia; and Milledgeville Insane Asylum, held at the Georgia State Archives outside of Atlanta. The three southern asylums were chosen based on the quality of the records, and I wanted a relative balance between Upper South and Deep South states.

The journey of these men begins in Chapter 1, where I demonstrate what the experience of soldiering was like for many men who fought in the war. Most—though not all—Civil War soldiers volunteered thinking that the conflict would be relatively brief and bloodless. Instead, they became warriors in the bloodiest war in American history and the survivors were faced with long fatiguing marches, poor and infrequent rations, loneliness and boredom, constant and debilitating disease, and the terror and violence of combat.

Many soldiers struggled in the wake of repeated traumas experienced in the war. Historians have overlooked how soldiers found ways to cope and carry on. Chapter 2 explores the most common and successful coping mechanisms soldiers exercised in trying to maintain their mental health, focusing particularly on humor, camaraderie, religion, shirking, and alcohol.

Chapter 3 explores the treatment of those soldiers who could not short-circuit mental collapse. The Union army gradually realized that some soldiers were not recovering at their camps and eventually ordered that insane soldiers were to be sent to the Government Hospital for

the Insane in Washington, D.C., colloquially known as “St. Elizabeths.”<sup>16</sup> The hope was still that mentally ill soldiers would be rehabilitated and sent back to the ranks. No comparable system existed in the South, and Confederate forces usually sent insane rebels to the nearest state insane asylum or discharged them. During the war, most alienists believed that disease was causing the vast number of cases of insanity, logical enough when we consider that disease was rampant during the war, and ultimately was the greatest killer of the war. In contrast, the soldiers pushed their own formulations of insanity, arguing that comrades who became insane were “played out” or “broken down” by the war. This was a rejection of the dogmatic theories of alienists, in favor of vague sweeping language that gave a sense of the multiple stressors of war.

Chapter 4 examines Union veterans in the postwar North, and argues that many Civil War veterans became the collateral damage of the war, suffering with invisible disabilities that were not well understood or accepted by civilian society. This chapter focuses mainly on St. Elizabeth’s Hospital, which in the postwar years continued to be a de facto mental health center for Civil War veterans. In 1866, Congress legislated that any soldier who manifested symptoms of insanity three years after his discharge could receive treatment at the hospital. The records of the hospital, combined with pension records paint a devastating picture of thousands of soldiers who came home psychologically damaged by invisible injuries incurred while in uniform. Many of these men were likely suffering with Post-Traumatic Stress Disorder, and this chapter integrates new research on PTSD to give a clearer understanding of how the disorder applies to Civil War veterans. Moreover, this chapter explores how St. Elizabeth’s officials evolved in their understanding of mental illness among veterans. Psychologists at St. Elizabeth’s, though they

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<sup>16</sup> Officially called St. Elizabeths, I will hereafter refer to it as St. Elizabeth’s.

continued to explain insanity in traditional means, also began subtle alterations in their diagnoses and linguistic understanding of mental illness.

Chapter 5 focuses on Confederate veterans in the postwar years. Confederate veterans were also subject to emotional and psychological trauma and breakdowns after the war but, in contrast to their Union counterparts, Confederate veterans had far less institutional support. State asylums did provide treatment, however, and the records of Milledgeville Insane Asylum, South Carolina Lunatic Asylum, and Western State Asylum were examined. While fewer Confederate veterans were institutionalized, statistically more insane former Rebels were violent and suicidal. Violence and suicide were a recognized scourge of the postwar South, commented on by physicians and civilians alike. Perhaps because of this, southern asylum superintendents were more willing to blame the war for the insanity plaguing former Confederates.

Chapter 6 turns away from the experience of soldiers and physicians, and instead focuses on the experience of the families of mentally ill Civil War veterans. The fathers, mothers, wives, sisters and children of insane Civil War veterans often had challenging lives after the war. Some research suggests that veteran households were more poverty-stricken than the general population, and households with an insane Civil War veteran were even worse off. Poverty often became an inevitable fact of life for many living with a mentally ill veteran, especially for those who became institutionalized. Many families living with an insane Civil War veteran, often had to live with alcoholism and violence, which were damaging formative experiences. While many families relied on and endorsed traditional physicians' diagnosis of their kin, some family members jettisoned old dogma and began to argue that the war caused the mental illness that plagued their sons, brothers, husbands and fathers. Families often pushed the most explicit connection between the war and insanity.

Finally, Chapter 7 examines how American medicine began to adjust to changing norms of psychiatry from Europe. In the 1880s and 1890s, European psychologists such as Pierre Janet and Sigmund Freud began to theorize about the role of trauma on the human psyche, formulating new and radical ideas about how trauma impacted the human mind. American psychologists were slow to absorb this new research, but an early study that began a parallel vein of research was that of Dr. Silas Weir Mitchell and his son John K. Mitchell, who in the 1890s did some follow up studies of Civil War veterans who had been patients in Turner's Lane, the nerve hospital Weir Mitchell worked at during the war. Father and son began to ask the aging veterans if their mood, sleep and mental function had changed since their injuries in the war, with many responding in the affirmative. This early study in the 1890s, is one of the first that began to incorporate new theories of trauma and the psyche emanating from Europe, but also from the soldiers themselves and their families.

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PTSD is now, according to David J. Morris, the fourth most common psychiatric disorder in the United States. Nearly eight percent of all Americans will suffer from PTSD at some point in their lives. Veterans are the most well-known and conspicuous members of this macabre fraternity, and an estimated ten to twelve percent of veterans will be diagnosed with PTSD, it remains the number one health concern of American military veterans, regardless of when or where they served. In 2012, the federal government spent three billion dollars on PTSD research and treatment for veterans, as veterans today continue to suffer with some of the same problems Civil War veterans struggled with more than 150 years ago. Last year, more soldiers died by

suicide than died in combat, and those who remain struggle with higher rates of depression, alcoholism, drug abuse, unemployment, and homelessness than the general population.<sup>17</sup>

The damage war inflicts on the human mind has a long history—longer than we have realized. Although Billy Yank and Johnny Reb did not call it PTSD—nor did they know what a traumatic memory was—they knew that war had done something to them, and they returned home on the other side of an experience they knew the folks back home would never—could never—understand. This is an attempt to finally understand them.

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<sup>17</sup> *Los Angeles Times* (Los Angeles, CA), 12 May 2016; *The Washington Post* (Washington, D.C.), 4 February 2015.

## CHAPTER 1

### “This Terrible War”

The soldiers who marched to war in 1861 hailed from a hardened generation of men. Inured to worlds of pain and suffering almost unimaginable to us today, they carried more than their canteens, rifles, haversacks and bibles; they carried a unique worldview that helped steel them against the horrors of war.

As Mark Schantz has argued, Civil War soldiers came from a world where death was constant. Most of the major medical advancements—Lister’s discovery of antiseptic surgery and Koch’s discovery of bacteria—were years in the future. Consequently, childbirth and childhood were still very risky and child mortality was high. In large families every parent had experienced a dead son or daughter, and every child a dead brother or sister. Epidemics erupted in major American cities on an almost annual basis. Philadelphia, Charleston and New Orleans lived in annual fear of yellow fever, and many citizens could remember with distinctness the particularly bad epidemics, when jaundiced victims lay piled in the streets and gutters were stained with black vomit. Malaria was the particular scourge of the South, a constant fact of life for many southerners (and would be so until after World War Two when the government embarked on anti-mosquito campaigns). Cholera, once thought to only be an Asiatic disease, struck American cities with terrible fury in 1832 and 1848, claiming thousands of victims in New York City, St. Louis, and Cincinnati. Smallpox, which had been the particular bane of the eighteenth century, was still capable of claiming lives and causing panic.



The prospect of death, then, was less shocking for nineteenth-century Americans than it is for us. Because of their intimate relationship with death, Americans did not shy away from it but made preparing for it a constant study; death, they believed, was one of the most important performances of their lives. Nineteenth-century Americans, for instance, drew great inspiration from the many consumptives in their midst. The White Plague was the perfect stage on which to act out the “good death.” Caused by the mycobacterium tuberculosis, the disease had arguably been around for generations, but it thrived in urban conditions, where crowds and air pollution created a perfect breeding ground. Because TB deaths often came slowly, it allowed its victims to demonstrate admirable qualities in the face of death: fortitude, acceptance, faith and wisdom were particularly celebrated. The dying person was encouraged—expected—to be cheerful, uncomplaining, and to give evidence of wisdom or religious inspiration to those who cared for and learned from them. “There is a dread disease,” Charles Dickens mused about consumption,

“which so prepares its victim, as it were, for death; which so refines it of its grosser aspect, and throws around familiar looks unearthly indications of the coming change—a dread disease, in which the struggle between soul and body is so gradual, quiet and solemn, and the result so sure, that day by day, and grain by grain, the mortal part wastes and withers away, so that the spirit grows light and sanguine with its lightening load, and feeling immortality at hand, deems it but a new term of mortal life.”<sup>1</sup>

Surrounded by death, Americans created and participated in a culture of death. Rituals guided the sick, the wounded, and the grieving. As Drew Gilpin Faust has argued, Americans had a clear idea of what the “good death” looked like. A good death occurred at home, surrounded by family and close friends who patiently sat at the bedside of the dying. The dying person was expected to be patient and kind during their pain and suffering. They were also encouraged to relate some wisdom near their moment of eternal repose, giving those that

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<sup>1</sup> Charles Dickens, *The Novels and Tales of Charles Dickens, Vol 3: Nicholas Nickleby, Martin Chuzzlewit* (Philadelphia: Getz and Buck, 1854), 313.

remained advice or religious inspiration. Nineteenth-century Americans reveled in this culture of death, writing and reading poetry of Christian consolation and creating whole industries dedicated to meeting the need to perform Death well.<sup>2</sup>

Of course the reason Americans could face death with “resignation and even joy” was because they “carried in their hearts and heads a comforting and compelling vision” of life after death. Americans fervently believed that, for those who were faithful, resurrection and eternal life awaited them after their earthly labor. In their minds, heaven was a literal, bodily resurrection, a family reunion, and a place without strife or bloodshed. This vision made it easier for many to triumphantly march off to their potential deaths, convinced that they would be reunited with relatives—living and dead—in the Kingdom of Heaven. “If I should fall, my dear, grieve not for me,” wrote Shepherd Pryor, a private in the First Georgia Infantry, to his wife Penelope. “Be assured that I die in the faith and hope of a crown of glory that awaits me above where there will be no more wars or trouble of any kind. I want you to meet me there, and there be no parting there, where all will be peace and happiness beyond the human mind to comprehend.”<sup>3</sup>

Americans were familiar with the classics of the ancient world, and they were regular subscribers to the western notion of the citizen-soldier. As Edward Ayers writes, Americans “knew the stories of the ancient world, of the Spartan soldiers and their women. People knew how they were supposed to act in times of war and crisis. People followed the scripts and took

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<sup>2</sup> Drew Gilpin Faust, *This Republic of Suffering: Death and the American Civil War* (New York: Alfred A. Knopf, 2008), 6.

<sup>3</sup> Shepherd Pryor to Penelope Pryor, 17 August 1861, Shepherd Green Pryor Papers, Hargrett Rare Book and Manuscript Library, University of Georgia, Athens.

great pleasure in speaking the lines they already knew.”<sup>4</sup> Americans’ could recite Pericles’ funeral oration, or tell the story of the deaths of Leonidas and his three hundred Spartans at the hands of the Persians at Thermopylae. They believed that in order for a man to achieve full citizenship he must be willing to lay down his life for the state. And for those who did make the ultimate sacrifice on the altar of their nation, eternal glory awaited them. “I am determined to fight if there is any done, as I had rather die on the battlefield than live and see my country needing my services,” Tom Downtin wrote to his sister. “I am ready and willing to devote my all to my country.”<sup>5</sup> This notion of the citizen-soldier, passed down from Revolutionary forebears and through them to Antiquity, held an important place for women as well. Many donned the garb of Spartan mothers, willingly giving up their boys to fight for the nation, and urging them to come back with their shield, or on it. The state made use of women’s roles, urging wives, mothers and sisters to shame cowardly men who refused to volunteer to defend the union, or the South. A Confederate propaganda pamphlet published in Virginia appealed to the South’s version of Spartan women: “Women of Virginia, cast from your arms all cowards; and breath the pure and holy, the high and glowing inspirations of your glowing nature, into the hearts and souls of lover, husband, brother, father!”<sup>6</sup>

Such high-flown interpretations of Thucydides held fewer attractions for those who labored in the fields with calloused hands and sweat caked brows. Rather than muse on the Peloponnesian War, common Americans preferred trading yarns and laughs over a mug of cider in the local tavern. Such men found little inspiration in the idea of making a civic sacrifice on the

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<sup>4</sup> Edward L. Ayers, *In the Presence of Mine Enemies: War in the Heart of America, 1859-1863* (New York: W.W. Norton & Company, 2003), 150-151.

<sup>5</sup> Tom Downtin to his Sister, 30 April 1861, Civil War Collection, 1860-1865, Box 3, Folder 10, Manuscript, Archives, and Rare Book Library, Emory University.

<sup>6</sup> Philip St. George Cocke Pamphlet, 5 May 1861, Southern Historical Collection.

altar of the nation. Instead, many lower-class soldiers saw the war as a way to prove their mettle. Shouldering a musket and marching in the ranks could prove a fast track to full manhood. The war could be a great leveler. “This is the place that tries men’s souls, this is the place to find out the true man,” Georgian Shepherd Pryor wrote his wife. “The men, in the ordinary circles of life appears to be what we style a gentleman, are not always the true man. A man here will show what he is fully soon.”<sup>7</sup>

A hard generation, the men of the Civil War were ready to cock the hammer and meet the challenges of war. However hard they were though, the war was harder, and would subject them to challenges and miseries they could never have imagined. They would be subject to harsh West Point discipline, exposed to almost constant and debilitating disease, forced to endure physically punishing marches, and subjected to the emotional and psychological test of combat. They would also deal with long periods of inactivity, where their greatest enemy was boredom and loneliness. Long before many waded onto the battlefield to test their mettle, they were forced to endure the challenges of soldier life. The first was military discipline. Some men who had never taken orders from anyone except their father—and some refused to do that—were now subject to harsh discipline of their supposed West Point betters. The common soldiers hatred of authority was particularly vexing for officers. Officers struggled to train green troops who saw no point, since they were convinced the war would be over in a few months. Confederates often compared life under military discipline, ironically, with slavery (though the comparison did not lead them to feel any increased empathy with their slaves). “I am quite well...except that it grinds me to think

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<sup>7</sup> 15 October 1861, Shepherd Pryor to Penelope Pryor, Shepherd Green Pryor Papers, Hargrett Rare Book and Manuscript Library, University of Georgia, Athens; Reid Mitchell, *Civil War Soldiers: Their Expectations and Experiences* (New York: Oxford University Press, 1988), 18; Stephen W. Berry, *All That Makes a Man: Love and Ambition in the Civil War South* (New York: Oxford University Press, 2003).

I am compelled to stay here,” Joshua Callaway wrote to his wife Dulcinea. “I’ve got a dozen masters, who order me about like a negro.”<sup>8</sup>

Military discipline, however, would soon be the least of their worries. From the moment they crowded together in their camps in the spring of 1861, Civil War soldiers were infested with invisible organisms. Disease would be a constant companion to soldiers throughout the war and would claim twice as many lives as those claimed by the musket and cannon. Many soldiers had come from rural areas, isolated amidst rows of corn or fields of cotton, with no companions in sight. In the spring of 1864, Guy C. Taylor left his wife Sarah and baby boy Charley in Bristol, Wisconsin and joined the Thirty-Sixth Wisconsin Infantry for a short stint in the service. He was sent to Camp Randall where he promptly came down with the measles, before he had even left the state. “When I wrote to you last I was well, but I can not say I am real well at the present time,” Taylor wrote to his wife from a hospital in Camp Randall. “The doctor says that I am acoming[sic.] down with the measles. I suppose that you will want to com[sic.] and see me but I think that you had not better com[sic.] for you wood[sic.] have to bring Charley with you and it wood[sic.] expose him and you cood[sic.] not help me much.”<sup>9</sup>

After these childhood diseases ran their course, more serious illnesses followed. Civil War armies were mobile cities without sewage. Lee’s Army of Northern Virginia sometimes had 70,000 men, the Union Army of the Potomac had 120,000. Despite the admonitions of surgeons and sanitary commission officers, many men defecated in and near the rivers that they drew water from to fill their canteens and boil their coffee. Diarrhea and dysentery became constant unwanted companions to the soldiers. Their bowels liquefied and constantly leaking, scores of

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<sup>8</sup> Hallock, ed., *The Civil War Letters of Joshua Callaway*, 16.

<sup>9</sup> Kevin Alderson and Patsy Alderson, eds., *Letters Home to Sarah: The Civil War Letters of Guy C. Taylor, Thirty Sixth Wisconsin Volunteers* (Madison: The University of Wisconsin Press, 2012), 12.

men could barely drag themselves to sick call each morning and threw themselves into the unprepared hands of physicians. A few Civil War doctors had seen bacteria, or animalcules, under the microscope, but most had not. Even the most elite did not understand the role bacteria played in the causation of disease. Most believed miasmas of poisonous gas sickened those who encountered them and caused diseases. This is not too hard to comprehend, considering the horrid smells these men would have encountered in the camps, assaulted by dead and rotting animals and overflowing latrines.<sup>10</sup>

Over the course of the war, however, physicians began to learn new things about disease and treatment. Recent scholarship has demonstrated that Civil War physicians were not as hapless as previous historians have believed them to be. Virtually all early scholarship of Civil War medicine—from George Worthington Adams to Ira Rutkow—painted Civil War physicians as stagnant during the war. They argued that the Civil War was the medical middle ages and physicians hindered more than they helped.<sup>11</sup> New scholarship by historians such as Margaret Humphreys, Shauna Devine and Brian Craig Miller demonstrate that by 1865 medical care was much better than it had been in 1861. Physicians created new ambulance systems, new hospital infrastructure, studied cadavers, tested new theories and learned from the vast assemblage of bodies that flowed into their wards.<sup>12</sup> They learned, for instance, to separate patients with fever,

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<sup>11</sup> George Worthington Adams, *Doctors in Blue: The Medical History of the Union Army* (New York: Henry Schuman, 1952); H.H. Cunningham, *Doctors in Gray: The Confederate Medical Service* (Baton Rouge: Louisiana State University Press, 1958); Richard H. Schryock, “A Medical Perspective on the Civil War,” *American Quarterly* 14 (1962): 161-173; Frank R. Freemon, *Gangrene and Glory: Medical Care During the American Civil War* (Madison: Fairleigh Dickinson University Press, 1998); Ira Rutkow, M.D., *Bleeding Blue and Gray: Civil War Surgery and the Evolution of American Medicine* (New York: Random House Publishing, 2005).

<sup>12</sup> Margaret Humphreys, *Marrow of Tragedy: The Health Crisis of the American Civil War* (Baltimore: The John Hopkins University Press, 2013), 10-13; Shauna Devine, *Learning from*

erysipelas, or gangrene into isolated wards to stop the spread of these infections. “The rule is to remove bad fever patients out from the main wards to a tent by themselves,” Walt Whitman wrote to his mother in the summer of 1863, where by then, doctors at Armory Square Hospital had learned to isolate contagious patients.<sup>13</sup> Early in the war, gangrene was a surgeon’s nightmare, spreading uncontrolled through their wards. Gradually, however, doctors learned that bromide and nitric acid—the same chemicals used by Joseph Lister a decade later—could limit the spread of gangrene. Confederate William Fletcher was the beneficiary of this new treatment. He had been wounded at Chickamauga, and soon after, “gangrene” had set in “where the bullet had entered” and he was “returned to the hospital for treatment.” That treatment consisted of burning “the wound with acid” which was “very painful” and almost gave Fletcher “the horrors” but it saved his life.<sup>14</sup>

Despite the advancements physicians made in the war, they mostly fought losing battles against disease. Especially early in the war, before hospital infrastructure was set up, and isolation wards were created, fever and diarrhea were rampant. Some of the more prescient observers realized how deadly disease was. “There is a great deal of sickness here,” Benjamin Moody wrote his wife from Richmond, “and more men dying with it than ever will get killed in the battles of the Confederacy.”<sup>15</sup> Many of these men had joined thinking that if they were going to die, it would be leading a charge, valiantly waving a sword and inspiring their comrades onward to victory. However, most died gurgling their last breath in a field hospital far away from

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*the Wounded: The Civil War and the Rise of American Medical Science* (Chapel Hill: The University of North Carolina Press, 2014), 1-3.

<sup>13</sup> Walt Whitman to his Mother, 30 June 1863, in Walter Lowenfels, ed., *Walt Whitman’s Civil War* (New York: Da Capo Press, 1960), 137.

<sup>14</sup> William A. Fletcher, *Rebel Private Front and Rear: Memoirs of a Confederate Soldier* (New York: Penguin Press, 1995), 105.

<sup>15</sup> Benjamin Moody to Martha Jane Moody, 22 May 1862, Minnie North Milam Collection, Part II, Drawer 70, Box 34, Georgia Department of Archives and History, Morrow, Georgia.

home, with no family near them. The lucky few had a sympathetic doctor or nurse holding their hand as the mortal coil snapped.

As Drew Gilpin Faust has demonstrated, this kind of death challenged the prevailing assumptions of the correct way to die, the “good death.” Dying in a hospital surrounded by strangers made dying from tuberculosis at home seem enviable.<sup>16</sup> This was deeply shocking and disturbing to many men, who had, as Gerald Linderman argues, volunteered thinking that they could see themselves through the conflict with courage and bravery alone. Soldiers quickly found out that disease struck down the courageous and the cowardly alike. In 1862, John M. Jackson, the youngest of four children from a farming family in Lewiston, Maine, left home and joined the Twenty-Third Maine Volunteer Infantry. The regiment traveled to Portland, Maine, then to Camp Grover in Montgomery County, Maryland. At Camp Grover, while Jackson walked “among the tents” he was almost continually bombarded by the “shrieks of the poor fellows” who were “burning with fever.” “My heart aches for them,” he wrote. By the next morning one man from the Twenty-Third had died, and a few more were considered to be breathing their last. “It seems sad,” Jackson wrote, “indeed I think it seems worse to have so many die with sickness than it would to have them killed in battle for then there would be something exciting & we should not realize so much about it.”<sup>17</sup> For some, dying from disease seemed deeply dishonorable and perhaps the least enviable way to die. While Harriet Eaton was assisting the wounded of the Battle of Fredericksburg, she struck up a conversation with a patient in the ward. “He has three brothers at home,” she wrote in her diary, “and he would rather bear

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<sup>16</sup> Faust, *This Republic of Suffering*, 6-10.

<sup>17</sup> John M. Jackson to Friends, 8 November 1862, John M. Jackson Letters, University of Notre Dame, Rare Books and Special Collections.



that some one had shot them down with a rifle at home than to hear that they had enlisted in the army and sickened and died.”<sup>18</sup>

Almost all the early volunteers held the belief that the war would be short. In the summer of 1861, no one would have believed that the war would drag on for four more years. Instead, soldiers worried more about standing stiff and straight for their daguerreotype. Many came in hand stitched uniforms, some Union soldiers wore grey, some Confederates wore blue. Some privates proudly displayed their epaulets and fixed feathers in their caps. They stuffed cumbersome pistols and comically large bowey knives into their belts, which they would later cast away. “Every war is ironic,” wrote Paul Fussell, “because every war is worse than expected.”<sup>19</sup> The Civil War was no different. Thousands of young men rushed to enlist with concerns that they were going to miss the fighting, that the war would be over before they could shoulder a musket and join the fray. Michael Fitch left Pierce County, Wisconsin, a rural backwoods area of the state between the Mississippi and St. Croix Rivers, to join the Sixth Wisconsin, which later became the Twenty-First. It was not until May that Fitch and his compatriots were assigned to a regiment, by which time Fitch believed “the rebellion would be over before our chance would come.”<sup>20</sup>

Most soldiers did not have to wait long. Fighting soon came, and they welcomed it. Jack Felder wrote that he and his comrades in the Fourth Georgia were “wanting a fight in the worst sort.” Battle presented an opportunity for men to test their mettle, to see if they would stand up to the fire of the enemy or if they would run. Frank Holsinger remembered that he was

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<sup>18</sup> Jane E. Schultz, ed., *This Birth Place of Souls: The Civil War Nursing Diary of Harriet Eaton* (New York: Oxford University Press, 2011), 95.

<sup>19</sup> Paul Fussell, *The Great War and Modern Memory* (New York: Oxford University Press, 1975), 8.

<sup>20</sup> Michael H. Fitch, *Echoes of the Civil War as I Hear Them* (New York: R.F. Fenno, 1905), 20.

“exceedingly anxious to see an engagement” not because he was brave, but to “satisfy the craving...as to my ability to stand or run.”<sup>21</sup> Many times, soldiers would be whisked to battle in the middle of the night, with little to no warning. At three o’clock in the morning, Tally Simpson, a member of the Third South Carolina, was woken up, along with his regiment, and ordered to be prepared to move. “Soon the whole camp was a stir,” Simpson wrote. “Knapsacks were packed, canteens and haversacks were shouldered, tents were struck, and the wagons soon loaded.”<sup>22</sup> An army on the march was like nothing ever before witnessed. Thousands of the men tramped together in the dirt and mud, their canteens and rifles clanged against belt buckles and pans, thousands of conversations took place at once, the men would occasionally explode in riotous laughter, other men would break out in song. The wagons would creak and groan, horses occasionally puffed and screamed, officers yelled at the men from time to time.

The march itself could be its own test of strength and willpower. Forced to march sometimes up to twenty-five miles a day—in stifling heat, or bitter cold—men struggled to keep in line. Marching pushed them to their physical limits, under the weight of knapsacks shoulders strained and legs felt like they would burst. Canteens ran dry and men experienced brutal slacking thirst. This thirst drove many to unenviable lengths to put something liquid in their gullets. Samuel North, who left Franklin County to join the 126<sup>th</sup> Pennsylvania, watched with disgust as desperately thirsty comrades “filled their canteens with water in the stream where their [sic.] were dead horses.”<sup>23</sup> Men choked on great clouds of dust, kicked up by thousands of

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<sup>21</sup> Frank Holsinger, “How Does One Feel Under Fire?” in *War Talks in Kansas* (Kansas City: Frank Hudson Publishing Company, 1906), 291.

<sup>22</sup> Tally Simpson to Anna Tallulah Simpson, 11 August 1861, in Guy R. Everson and Edward W. Simpson, Jr., eds., *Far, Far From Home: The Wartime Letters of Dick and Tally Simpson, 3rd South Carolina Volunteers* (New York: Oxford University Press, 1994), 52.

<sup>23</sup> Samuel W. North to Unknown, N.D., in Samuel W. North Letters, Civil War Miscellaneous Collection, Archives of the U.S. Military History Institute, Carlisle Barracks, Pennsylvania.

marching soldiers. To lighten the weight, many soldiers threw away blankets, pans and oilcloths, anything they did not immediately need. Josiah Moseley, and the Sixth Virginia, were forced to endure a brutal march in late August 1862 in Virginia. “Marched all day and all night til[sic.] 3 o'clock[sic.] in the morning,” Moseley wrote in his diary that night, “it was the most terrible march yet 17 hours over the roughest rocky roads passed over a portion of the mountains through a Gap near the village of Plains my feet sore & bleeding and to encourage us we expected a battle next day.”<sup>24</sup>

Before it was seen, the battlefield was first heard and felt. As soldiers approached a conflict, they heard the great booms of the artillery. Being mostly farm people, Civil War soldiers often compared artillery to great thunderstorms, a meteorological reference that folks back home could understand. One soldier described artillery as a “hurricane of combustibles” while another likened it as a “thousand thunderstorms all turned loose together.” This was a vernacular that farm people could relate to. Soldiers then heard bullets being fired at them. Though the battle was often not visible, they could hear the “pop pop” of the musketry that rose and fell in crescendos, like a macabre symphony.<sup>25</sup> As they got closer to the fighting, soldiers remarked that balls began to take on peculiar sounds. Wilbur Fisk wrote that some bullets sounded like “striking a cabbage leaf with a whip lash” while others sounded like a “screech, very much such as you would get by treading on a cat's tail.” The sharpshooter’s bullet sounded like a “whistle on a much higher key, and snap against a tree with as much force as if the tree had been struck by a heavy sledge hammer.” Bullets that were fired too high above the heads of their

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<sup>24</sup> Josiah Moseley Diary, 29 August 1862, Josiah Moseley Collection, Gilder Lehrman Institute of American History, New York, NY.

<sup>25</sup> Nathaniel Cheairs Hughes, Jr., ed., *The Civil War Memoir of Philip Daingerfield Stephenson* (Baton Rouge: Louisiana State University Press, 1998), 28.

intended target “make a noise similar to a huge bumble bee.”<sup>26</sup> Oliver Wendell Holmes, Jr., wrote that a “bullet has a most villainous greasy slide through the air.”<sup>27</sup>

Evidence of chaos littered the ground as soldiers approached the battlefield. Dead horses, empty and broken caissons, blankets, haversacks, coats, oilcloths, and busted rifles were strewn everywhere. All evidence pointed to a serious affair. Some soldiers caught their first ominous glimpse of a dead soldier. As Daniel McCook and his regiment approached the fighting at Shiloh, he caught sight of his first casualty of war. “The first dead soldier we saw had fallen in the road; our artillery had crushed and mangled his limbs, and ground him into the mire,” McCook wrote. “He lay a bloody, loathsome mass...at this sight I saw many a manly fellow gulp down his heart, which swelled too closely into his throat.”<sup>28</sup> This was not the first dead person these men had seen. They had watched many comrades fall ill and die of disease in the camps. But witnessing the unceremonious death of a soldier on the battlefield began a grim and disheartening process. Before they fought their first battle, Civil War soldiers were very idealistic. They believed combat would be ordered, courage would be rewarded and cowardice would be punished. They believed that individual men were just as important as generals, capable of shaping the outcome of a battle. Looking at a limp and mangled corpse, of a once proud private, belied such idealistic notions.<sup>29</sup>

So too, did the nature of combat in the Civil War. Officers of both armies were mostly West Point alums, and many were veterans of the Mexican War. They had been taught, carried

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<sup>26</sup> Emil Rosenblatt and Ruth Rosenblatt, eds., *Hard Marching Every Day: The Civil War Letters of Private Wilbur Fisk, 1861-1865* (Lawrence: University Press of Kansas, 1983), 226.

<sup>27</sup> Mark De Wolfe Howe, ed., *Touched with Fire: Civil War Letters and Diary of Oliver Wendell Holmes, Jr., 1861-1864* (New York: Fordham University Press, 2000), 50.

<sup>28</sup> Daniel McCook, “The Second Division at Shiloh,” *Harper’s New Monthly Magazine* (May 1864), 830.

<sup>29</sup> Gerald Linderman, *Embattled Courage: The Experience of Combat in the American Civil War* (New York: The Free Press, 1987), 240-243.

out, and passed on to their pupils, the tactical legacy of Napoleonic warfare. As historian Carol Reardon notes, Civil War tactics emphasized several guiding principles. Generals were taught to threaten the enemy's line of communication, to maneuver their force to pit the mass of their army against fractions of the enemy, and to focus the primary attack on a critical point of the enemy line, such as the flank.<sup>30</sup> Inherent in these tactics was the notion that the army that more boldly emphasized the offensive would win the day. This strategy posited that closely ordered well-trained troops should advance together with one mind, firing volleys on command, and then double-timing the last few yards to crush the enemy's flank and turn their force to achieve victory. These tactics had been the most popular, and successful, from the days of Washington, through Winfield Scott.

By 1861, however, the game had changed. Namely, the technology had skyrocketed ahead of the tactics. The old flintlock musket, carried by earlier generations of soldiers and huntsmen had evolved. The industrial revolution had reached its tentacles into the weapons industry, providing cheap, mass-produced, interchangeable parts for each rifle. Additionally, the powder pan, which was used on old flintlock rifles, gave way to metal caps containing an explosive charge, which, when fitted onto a nipple on the rifle, ignited and fired the round. The cap and nipple system was a much quicker and efficient way to fire a rifle. The rifles themselves were changed as well. On the outside, they still bore the clunky look of their flintlock predecessors, but on the inside, they were far different. Machines cut cylindrical grooves on the inside of the rifle, known as rifling. Finally, and most importantly, the bullets soldiers fired were radically changed as well. Attributed to Frenchman Claude E. Minié, and bearing his name, the minié ball was later improved upon by American James Burton, and it was a game changer.

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<sup>30</sup> Carol Reardon, *With a Sword in One Hand & Jomini in the Other: The Problem of Military Thought in the Civil War North* (Chapel Hill: University of North Carolina Press, 2012), 5.

Unlike the round balls fired in earlier smoothbore muskets, the minié ball was conical in shape, with a hollow base, and three concentric rings on the bottom. When fired, the soft lead of the round expanded, and the rifling on the inside of the barrel spun the bullet. All of this combined to give infantrymen armed with these new technologies unprecedented range and accuracy.

Smoothbores gave even the most seasoned soldier, who held it with a steady hand and slow heartbeat, an effective range of about 100-200 yards. New rifles, such as the popular Enfield rifled musket, gave the shooter who shouldered the weapon a range of 500-800 yards.

Artillery adopted these changes as well. Rifling was also cut into the barrels, and artillerymen had greater range and accuracy. Compared to the rifle, artillery was unreliable, not as decisive as it could, or should have been. That does not mean, however, it was not important. Though it was not a tremendous factor strategically, psychologically it was one of the most-feared weapons on the field. This was due to the tremendous sounds that artillery generated, the horrible effects it could have upon a human body, and the feeling of utter helplessness that it generated. During the opening battles of the Seven Days campaign, Confederate soldiers lay in wait while the Union shelled their position with artillery. One soldier described it as “one of the most terrific scenes I ever saw in my life.” The Union artillery, according to one Confederate “kept the heavens in one continuous roar with their shells.”<sup>31</sup> The physical effects artillery wreaked upon the human body was also tremendous. Cannon shot could eviscerate soldiers, some were decapitated, others were nearly split in half, while others lost arms or legs. Some soldiers were almost literally vaporized by artillery. Witnessing such violence was an experience that no soldier was prepared for. Near Jackson, Mississippi in July 1863, Confederate John Hagan watched as the Major of his regiment was struck by a solid shot. “His head was half shot

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<sup>31</sup> Jimmie to his Wife, 29 June 1862, Civil War Collection, Box 4, Folder 11, Manuscript, Archives, and Rare Book Library, Emory University.

off, his brains all flew about four feet and mostly fell in a pile,” Hagan wrote to his Father-in-Law. “His cap was not found and his skull flew in very direction. Our men was terribly shocked.”<sup>32</sup> Another Confederate soldier watched as “one poor fellow” was “struck in the head and torn into a perfect mass of flesh and blood...It was a long time before I got over it.”<sup>33</sup>

Worse than witnessing such violence, was being showered with the remains of a person hit by artillery. Few soldiers would have guessed that artillery had the power to turn people into projectiles, but often that is exactly what happened on the battlefield. Vermont native Edward H. Ripley was fighting at Fort Harrison when a soldier in front of him was hit. Instantly he was “dashed in the face with a hot steaming mass of something horrible” that covered his entire face. “I thought my head had gone certainly this time,” Ripley wrote afterwards. “A staff officer happened to have a towel with which he cleaned away the disgusting mass from my face and opened my eyes; unbuttoning my sabre belt and throwing open my blouse, I threw out a mass of brains, skull, hair and blood. As I opened my eyes the headless trunk of the artillery man lay between my feet with the blood gurgling out.”<sup>34</sup>

Most soldiers agreed that the most emotionally stressful moments were just before entering the battle. Often, while lying in the dirt awaiting the order to charge, heartbeats became increasingly rapid, and sweat endlessly poured out of their foreheads and the palms of their hands. Peering at his comrades right before the fighting at Chancellorsville commenced, Rice Bull wrote: “I judged that everyone felt about as I did; there was no levity now, the usual joking had ceased and a great quiet prevailed. I could see pallor on every face as we brought the

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<sup>32</sup> John Hagan to his Father-in-Law, 15 July 1863, Hagan/Roberts Family Civil War Papers, Georgia Department of Archives and History, Morrow, Georgia.

<sup>33</sup> Jimmie to his Wife, 29 June 1862, Civil War Collection, Box 4, Folder 11, Manuscript, Archives, and Rare Book Library, Emory University.

<sup>34</sup> Otto Eisenschiml, ed., *Vermont General: The Unusual War Experience of Edward Hastings Ripley, 1862-1865* (Ann Arbor: University of Michigan Press, 1960), 254.

hammers to a full cock. I believe every arm trembled as we raised our guns to our shoulders to fire.”<sup>35</sup>

Only experience could truly communicate the great power and horror of fighting. Civil War soldiers struggled to relate the experience of battle to folks back home. “You ask me how I felt when the battle commenced, if I feared I should fall,” Oliver Norton wrote to his parents back home in Pennsylvania. “That is a very hard question to answer.”<sup>36</sup> Another soldier plainly responded to his wife’s inquiry, writing: “I can’t describe my feelings when the battle began.”<sup>37</sup> Battle bore almost no resemblance to how these men imagined it would be. Combat was disordered and chaotic. Battle took no notice of courage or cowardice and swallowed all alike. Instead, as Earl J. Hess has written: “crossing this gulf, becoming an initiated warrior, was essentially a matter of learning that battle was an experience of the senses.”<sup>38</sup>

In this all out assault on their senses, soldiers were choked and blinded by smoke, their own muskets blew out their eardrums, and they were pelted with clods of earth, splinters of wood, shards of rock, pieces of animal, and sometimes the remains of a human. Fighting elicited a variety of reactions from soldiers. Some never fought, retreating before combat began. Others went crazy, breaking under the enormous stress. Still others seemed to retreat inside themselves, and viewed battle as an almost out of body experience. This was the case for Lewis M. Hosea of the Sixteenth US Infantry, who believed that the “pressure upon the brain seemed to deaden the physical senses—fear among them.” At the Battle of Shiloh, Hosea felt he was “looking down

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<sup>35</sup> Bauer, ed., *Soldiering*, 56.

<sup>36</sup> Oliver Willcox Norton, *Army Letters, 1861-1865* (Chicago: N.P., 1903), 106.

<sup>37</sup> Shephard Green Pryor to Penelope Pryor, 4 October 1861, Shephard Green Pryor Papers, Hargrett Rare Book and Manuscript Library, University of Georgia.

<sup>38</sup> Earl J. Hess, *The Union Soldier in Battle: Enduring the Ordeal of Combat* (Lawrence: University Press of Kansas, 1997), 4.



upon my bodily self with a sense of impersonality and wondering why I was not afraid in the midst of all this horrible uproar and danger.”<sup>39</sup>

Many soldiers struggled through feelings of intense fear and terror, though most did not admit it to either compatriots or loved ones. Reflecting on the Battle of Gettysburg, John Dooley admitted: “I must confess that the terror of the battlefield grew not less as we advanced in the war.” While his comrades seemed to get hardened by the fighting, Dooley had seen so many “new forms of death” and “so many frightful and novel kinds of mutilation” that he feared fighting with almost no exceptions.<sup>40</sup> Still other soldiers became “battle raged,” unaware of personal danger, focused only on trying to kill the enemy. During the Battle of Malvern Hill, Oliver Norton was a mute witness as the colonel of his regiment fell, then the major, then his two best friends were wounded. “After that, they tell me, I acted like a madman,” he wrote. “God only knows how or why I came out alive.” Seized with a “kind of desperation” and oblivious to “scenes that would have unnerved” him at other times, Norton became wild with rage. “The feeling that was uppermost in my mind was a desire to kill as many rebels as I could,” Norton wrote. “The loss of comrades maddened me, the balls flew past me hissing in the air, they knocked my guns to splinters, but the closer they came they seemed to make me more insensible to fear.”<sup>41</sup> He had three guns shot out of his hands. He was hit by spent balls in three places, in the leg, shoulder, and above the left eye, but those could not stop him. In a bloodthirsty fit of revenge, Norton forgot all save his desire to snuff the life out of the Confederacy.

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<sup>39</sup> Lewis M. Hosea, “The Second Day at Shiloh” in *The Taylor-Trotwood Magazine* Vol. IV No. 4 (January 1907), 357.

<sup>40</sup> Robert Emmett Curran, ed., *John Dooley’s Civil War: An Irish American’s Journey in the First Virginia Infantry Regiment* (Chapel Hill: The University of North Carolina Press, 2011), 156.

<sup>41</sup> Oliver Willcox Norton, *Army Letters, 1861-1865* (Chicago: N.P., 1903), 93-107.

Seeing the elephant was like nothing these men had ever experienced or even imagined. This was nothing like the Death of General Wolfe; this was more like Dante's Inferno. During desperate fighting in the cornfield at the Battle of Antietam, Rufus Dawes remembered the men of the Sixth Wisconsin Infantry "loading and firing with demoniacal fury and shouting and laughing hysterically."<sup>42</sup> Oliver Norton felt like the combat more closely resembled the machinations of the underworld than any human endeavor. "It was more like the work of fiends than that of human beings," Norton wrote. "The roar of the artillery, the rattling of the musketry and unearthly screaming of the great two-foot shells from the gunboats made such music as is only fit for demons." Not only was the fighting hellish, the men themselves began to take on the look of demons. "The appearance of the men was scarcely human. The sweat rolled in streams, for there is nothing like fighting to heat a man's blood, and as the men wiped their faces with powder-grimed or bloody hands, they left the most horrible looking countenances you ever saw."<sup>43</sup>

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For some men, the battlefield was the last of earth. Thousands were killed instantly when a ball passed through head or heart. Others had just enough time to frantically paw themselves and discover something vital was hit or missing. Compared to modern steel jacketed ordinance, minié balls were heavy, slow and clumsy. As they lumbered through the air, they picked up powder, dust and bacteria. When they hit something—like a human body—they carried bits of clothing in with them. Minié balls flattened upon impact and tumbled, shredding flesh and shattering bone. Though the impact of being shot was often violent and sudden, most soldiers—

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<sup>42</sup> Rufus R. Dawes, *Service with the Sixth Wisconsin Volunteers* (Marietta: E.R. Alderman & Sons, 1890), 91.

<sup>43</sup> Norton, *Army Letters*, 108-109.

surprisingly—agreed that it did not immediately hurt. Joseph Corliss was ramming a cartridge when he was shot in the left arm. At first he thought he had been “struck on the crazy-bone by some of the boys, for a joke” and it was only when he touched his left elbow and noticed his hand was covered in blood that he realized he had been wounded.<sup>44</sup> When Ebenezer Hannaford was wounded at the Battle of Stones River, he remembered there was “no acute sensation of pain” just an “instantaneous consciousness of having been struck.”<sup>45</sup>

Early battles were chaotic for the war’s healers. Both sides believed the war would be quick, over in a matter of months, so they gave little thought to treating wounded soldiers. Moreover, early leadership in the medical department was moribund, innovative ideas were in short supply, negligence, however, was not. Upon the urging of his mentor, William W. Keen left medical school and became an assistant surgeon with the Fifth Massachusetts Infantry. He joined the regiment in Virginia just in time for the First Battle of Bull Run. During the battle and the aftermath of the days that followed, Keen “never received a single order” from anyone. Instead, he remembered that it was “like the days when there was no King in Israel” and instead of following orders which never came, “every man did that which was right in his own eyes.”<sup>46</sup> Keen wandered over to a church that had been turned into a makeshift hospital, where he spent the day stuffing lint into gunshot wounds, arresting hemorrhages, and wrapping broken limbs into splints.<sup>47</sup>

Gradually, the old guard of the medical department was pushed out, unable to rise to the occasion. New blood stepped in to fill the vacancy. In 1862, William Hammond and Jonathan

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<sup>44</sup> Ibid., 109.

<sup>45</sup> Ebenezer Hannaford, “In the Ranks at Stone River,” *Harper’s New Monthly Magazine*, (November 1863), 814.

<sup>46</sup> William W. Keen, “Surgical Reminiscences of the Civil War” in William Williams Keen, *Address and Other Papers* (Philadelphia: W.B. Saunders, 1905), 421.

<sup>47</sup> Ibid., 422-23.

Letterman—the former, Surgeon General, the latter, Medical Director of the Army of the Potomac—teamed up to remake the business of treating the war’s wounded. Spurred on by Henry Bowditch, a powerful abolitionist from Massachusetts, Letterman created an ambulance system from scratch. Bowditch’s son, Nathaniel, had been wounded in battle and likely would have survived, except that he lay on the battlefield for days with no treatment and died. Under Letterman’s new system, stretcher-bearers or ambulance carriages would retrieve the wounded and take them to dressing stations just behind the front lines. Physicians there did little more than dole out whiskey and morphine, or tie tourniquets and stuff plugs of lint into a gunshot wound. From there, wounded soldiers would be sent to field hospitals, where physicians decided whether they were long for the world or not. If they needed more care, they were then sent to general hospitals, mostly located in major cities.

Letterman’s new system was revolutionary, nothing like it existed at the time, and it was copied by most of the world’s armed forces afterwards. Even today, Letterman’s system is essentially still in place. Wounded soldiers in Afghanistan are evacuated to an aid station for emergency treatment, then stabilized in a hospital in Kabul, then airlifted to Germany for major surgery and recovery. In practice, however, ambulance crews were often quickly swamped in a sea of writhing bodies, unable to retrieve them all. Many wounded soldiers had to rely on themselves or comrades to get to dressing stations. While fighting at Petersburg in 1864, Henry Meacham watched in horror as an artillery shell went through a nearby soldier, killing him instantly, and then exploded. It killed four of Meacham’s compatriots and severed part of his right arm. “I never saw the hand afterwards,” Meacham remembered.<sup>48</sup> With part of his arm gone

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<sup>48</sup> Henry H. Meacham, *The Empty Sleeve, or, The Life and Hardships of Henry H. Meacham, in the Union Army* (Springfield, Mass.: sold for the benefit of the author, 1869), 26.

and “the blood fast leaving” Meacham frantically “bandaged the arm as tight as possible” and walked under his own power to a dressing station a mile in the rear.<sup>49</sup>

The next stop for many wounded soldiers was a field hospital. For many men, this would be their first exposure to a hospital. Hospitals were not ubiquitous in the antebellum American landscape. Instead, most men recovered from injury and illness at home, cared for by the feminine touch of their mothers, sisters and, later, wives. The hospital was reserved for the wretches of society, the homeless, the insane, the unwanted. So naturally, many men were loath to entering hospitals. In the South, this resistance never ended among the officer class, who sought out and were often cared for by civilians. Warehouses, barns, even private homes were turned into field hospitals after a battle. Following the fighting near Richmond in the summer of 1862, Confederate forces “made a hospital” of one southern woman’s home. “Arms and legs” soon “lay in a promiscuous heap” on her “back piazza” before the day was done.<sup>50</sup> Not everyone was happy with the circumstances of war. When Confederate nurse Kate Cumming stepped off the train in Atlanta, on her way to a new hospital outside of the city, the first thing she was told was “the citizens did not like the idea of the hospitals coming here.” Kate could sympathize. “True,” she wrote, “a hospital is not the most pleasant place in the world...But what are we to do?”<sup>51</sup> Under Hammond and Letterman, hospitals became much more numerous and effective. But the tide of bodies that flooded the wards after battle was often too much for them to handle. Following the Battle of Shiloh, over 8,000 Union soldiers needed medical treatment, as well as an additional 8,000 Confederates who had been left on the field. That was simply overwhelming

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<sup>49</sup> Ibid., 26.

<sup>50</sup> Rev. J.L. Underwood, *The Women of the Confederacy* (New York: The Neale Publishing Company, 1906), 164.

<sup>51</sup> Richard Barksdale Harwell, ed., *Kate: The Journal of a Confederate Nurse* (Baton Rouge: Louisiana State University Press, 1959), 141.

for an army with little to no medical infrastructure. Treatment could often depend on who won the battle. At the Battle of Gaines Mill, Andrew Roy, a soldier with the Tenth Pennsylvania Reserves, was spun around by a ball that smashed through his hip. Union forces retreated, and Roy became a wounded POW. He was taken to a house “overflowing with sick and wounded” and with no room for him, he was placed under the shade of a tree. A Confederate surgeon washed Roy’s wound, pondered his physical ruin for a moment, then with a “blunt and unsympathetic” voice told Roy he would not last more than three days. There was no point in wasting a cot on a dead man limping, so Roy lay for two weeks under the tree before he was finally moved. Improbably, Roy survived his wound and the war.<sup>52</sup>

Crowded into barns, churches, or homes, wounded men endured all manner of torture and suffering. Following the fighting at Chickamauga in the fall of 1863, Riley Hoskinson was detailed as a nurse in a field hospital. To Hoskinson, the field hospital reminded him of a “lively revival meeting” where “many pray in a low tone at the same time” while “commingled with incoherent cries & groans.” Day and night, wounded men cried out: “‘O Lord’ ‘O My God,’ ‘Lord Save,’ ‘Lord Help,’ ‘Lord Have Mercy.’” Hoskinson lacked the natural touch of a nurse. While he empathized with the suffering of his patients, he had little patience for their wants and needs. He gave a long list of requests that were daily asked of him, and that particularly annoyed him: “‘I want up,’ ‘I want down,’ ‘I want a drink,’ ‘I want the pot,’ ‘I want some medicine,’ ‘I want my wound dressed,’ ‘My wound is too tight,’ ‘Mine is too loose,’ ‘I am too hot,’ ‘I am too cold.’”<sup>53</sup>

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<sup>52</sup> William J. Miller, ed., *Fallen Soldier: Memoir of a Civil War Casualty* (Montgomery: Elliott & Clark, 1996), 29.

<sup>53</sup> Riley M. Hoskinson to Martha Hoskinson, 27 October 1863, Riley M. Hoskinson Papers, University of Washington, Special Collections Library.

It was also at field hospitals that amputations were frequently performed. Civil War triage dictated that wounds to the head, abdomen and thoracic cavity were inoperable. Men with such wounds were frequently told they were not long for the world and pushed aside or left where they lay. Injuries to the arms and legs, however, had a chance of survival and were operated upon first. Reconstructive surgery was often out of the question, surgeons were limited in what they could do, and gunshot wounds were simply too devastating. The best a wounded man could hope for was a resection, which, if he did not die from infection, often left him with a useless arm, or a leg that was a few inches shorter than the other. So amputation was sometimes a course of action. Confederate J.W. Gibson gave an adequate description of the surgery. Detailed as a nurse, Gibson followed a team of surgeons in a field hospital. "Three doctors went together, and over each wounded man they held a consultation," Gibson wrote. "If two of them said amputate, it was done at once." Amputation was chosen when flesh wounds and bone fractures were present. Separately, flesh wounds could be sown up, bone fractures put into a splint. But together, the course was clear. "One doctor carried a knife with a long thin blade," Gibson wrote. "He would draw this around the limb and cut the flesh to the bone. The second had a saw which he sawed the bone. The third had a pair of forceps with which he clasped the blood vessels, and a needle with which he sewed the skin over the wound."<sup>54</sup> Gibson was horrified by the procedure, and when asked to hold the patient's head while they operated, he refused. "When I saw how they cut and slashed I let his head loose," he wrote. "I thought if he wanted to wake up and fight

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<sup>54</sup> Cynthia Dehaven Pitcock and Bill J. Gurley, eds., *I Acted From Principle: The Civil War Diary of Dr. William M. McPheeters, Confederate Surgeon in the Trans-Mississippi* (Fayetteville: The University of Arkansas Press, 2002), 363.

he should have a fair chance. I told the doctors I did not go to war to hold men while they butchered them.”<sup>55</sup>

Beyond candles and lanterns, there was little in the way of effective artificial light, so most surgeries were performed under daylight in the open or in tents. Because anesthesia was so new, surgeons were hesitant to administer too much, and many patients underwent surgery in a semi-conscious state, their bodies writhing much like they would if they were awake. Surgery seemed so reminiscent of slaughtering a pig on the farm that surgeons were frequently compared to butchers. In the eyes of many soldiers and civilians, surgeons were incompetent and performed many useless amputations. Shortly after the war was over, however, Jonathan Letterman defended Civil War doctors, arguing that while there were some incompetent surgeons in the ranks, the vast majority were professionals. Moreover, Letterman believed that too few—not too many—amputations had been performed, and many patients died from surgeons needlessly trying to save the limb. “I had more ample opportunities than any one else to form a correct opinion of the surgery of that battle,” Letterman wrote about Antietam, “and if any fault could be found, it was that...the knife not used enough.”<sup>56</sup>

Finally, wounded soldiers were moved to general hospitals. These hospitals were not attached to any particular regiment, division or corps. They accepted soldiers from any unit, and they were often away from the fighting, in urban centers, near major rail lines, or bodies of water. It was here that wounded soldiers were forced to modify their suffering. On the battlefield, and in field hospitals, wounded men gave free rein to their pain and anguish, screaming, crying, wailing, and praying. Their fellow soldiers admired patience and fortitude, but they also

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<sup>55</sup> Ibid., 363.

<sup>56</sup> Jonathan Letterman, *Medical Recollections of the Army of the Potomac* (New York: D. Appleton-Century Company, 1866), 48-49.



understood when an injured man struggled to control his emotions. In general hospitals, however, female nurses patrolled the wards, caring for the men and policing their behavior. These women had a paradoxical effect upon wounded men. On the one hand, men could surrender to the ministrations of these women and be considered no less of a man. Working as a nurse in Washington, Louisa May Alcott was daily in contact with men “riddled with shot and shell,” and “so torn and shattered...some on stretchers, some in men’s arms, some feebly staggering along propped on rude crutches.” While she washed the prostrated men in her ward, she remembered: “some of them took the performance like sleepy children, leaning their tired heads against me as I worked.”<sup>57</sup> While at Ringgold Hospital in Georgia, Confederate nurse Fannie Beers’ ward was quickly filled with wounded soldiers from the Battle of Stones River. Beers remembered: “My ‘nursery’ was at this time filled to overflowing.”<sup>58</sup> While washing clothes in the summer of 1862 in Washington, Hannah Ropes was frantically called to assist “fifty soldiers, grim, dirty, muddy, and wounded.” Ropes and the other nurses prepared warm tea and washed their ravaged patients, she remembered: “everything they had on was stripped off-and, weak, helpless as babes, they sank upon us to care for them.”<sup>59</sup> There was nothing shameful about this. Back home, women were the traditional caregivers. They were seen as more naturally built to effectively care for the wounded and sick of their household. Surrendering to a female nurse was no different than surrendering to the care of mother.

On the other hand, however, these women, and the tide of visitors in general hospitals, forced upon wounded soldiers a familiar standard of behavior. Though injury or illness could end

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<sup>57</sup> Bessie Z. Jones, ed., *Hospital Sketches by Louisa May Alcott* (Cambridge: Harvard University Press, 1960), 29-31.

<sup>58</sup> Fannie A. Beers, *Memories: A Record of Personal Experience and Adventure During Four Years of War* (Philadelphia: J.B. Lippincott & Co., 1889), 93.

<sup>59</sup> John R. Brumgardt, ed., *Civil War Nurse: The Diary and Letters of Hannah Ropes* (Knoxville: The University of Tennessee Press, 1980), 53.

or stall a man's career as a soldier, he was still important to the nation, Union or Confederate. A gunshot wound did not end a soldier's value as a citizen-soldier; if he had not died for his country, then he could suffer for it. As Frances Clarke has argued, the way that these men suffered became important to observers, a sort of litmus test of patriotism. Wounded soldiers became expected to be patient and enduring sufferers, never complaining, and always willing to undergo pain and agony for the good of the nation. In this way they could be symbolically useful to all those around them, even though they no longer gripped a rifle. In many ways, the way a soldier suffered with a wound or an illness, was not that different from how a consumptive suffered with tuberculosis. Through their patient and uncomplaining suffering, they could demonstrate the rightness of their cause, the power of their faith, the goodness of their being.

When Kate Cumming first walked into the hospital ward in Corinth following Shiloh, she was horrified by the nature of the wounded. "Mrs. Ogden tried to prepare me for the scenes which I should witness upon entering the wards," she wrote. "But alas! Nothing that I had ever heard or read had given me the faintest idea of the horrors witnessed here."<sup>60</sup> However, Kate was inspired by the way in which those wounded men endured their injuries. "[I]f uncomplaining endurance is glory, we had plenty of it," she wrote. "If it is that which makes the hero, here they were by scores."<sup>61</sup> Kate had a young charge under her care from Texas who had "lost a leg in a skirmish" and was "as happy as if nothing was the matter."<sup>62</sup> She ministered to another patient in his last moments of life who "could not have been more composed."<sup>63</sup> "We have no words to express our admiration of the private soldiers in the ranks of the Southern Army," the *Richmond*

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<sup>60</sup> Richard Barksdale Harwell, eds., *Kate: The Journal of a Confederate Nurse* (Baton Rouge: Louisiana State University Press, 1959), 14.

<sup>61</sup> *Ibid.*, 14.

<sup>62</sup> *Ibid.*, 31.

<sup>63</sup> *Ibid.*, 21.

*Daily Dispatch* wrote. Reporters for the paper had visited “our wounded soldiers” and had “not met one who complained of his wounds, and it is difficult to find one who complains of his course fair and hard life. Did the world ever see such men before?”<sup>64</sup> When wounded soldiers failed to exhibit patience and fortitude, they risked being rebuked by the nurses, who expected—demanded—such behavior. Hannah Ropes was nursing a soldier who had lost his hand who “never kept still a moment.” His wound had reopened once because of his constant fidgeting. Even when the doctor warned the wounded soldier that he risked reopening the wound again, he still could not keep still. “If it does it again, the doctor says he must bleed to death,” Ropes wrote. “I have just told him I am amind to throw him out of the window, and he says he wishes I would!”<sup>65</sup>

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When the guns fell silent and the smoke lifted from the battlefield, the men who survived looked upon a vast sea of human wreckage. The ground was littered with human gore—arms, legs, hands, heads—wounded and dead horses lay everywhere. Confederate John Dooley remembered at the Second Battle of Bull Run the battlefield was speckled with “brains, fractured skulls—broken arms & legs and the human frame mangled in every conceivable & inconceivable manner.”<sup>66</sup> For some men, looking over the battlefield following the fight was when the real horror of war set in. There was little that seemed heroic or praiseworthy about combat when viewing the victims of war, blown to pieces, or gasping their last breath. Following the Battle of Antietam, New York native Daniel M. Holt wrote his wife about the field of battle after the guns fell silent.

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<sup>64</sup> *Richmond Daily Dispatch* (Richmond), 3 August 1861.

<sup>65</sup> John R. Brumgardt, ed., *Civil War Nurse: The Diary and Letters of Hannah Ropes* (Knoxville: The University of Tennessee Press, 1980), 62.

<sup>66</sup> Curran, ed., *John Dooley's Civil War*, 31.

“I have seen, stretched along, in one straight line, ready for internment, at least a thousand blackened, bloated corpses with blood and gas protruding from every orifice, and maggots holding high carnival over their heads,” wrote Holt. “Such sights, such smells and such repulsive feelings as overcome one, are with difficulty described. Then add the scores upon scores of dead horses—sometimes whole batteries lying along side, still adding to the comingling mass of corruption and you have a faint, very faint idea of what you see, and can always see after a sanguinary battle.”<sup>67</sup>

Being a powerless witness to unspeakable violence was horrible, but it was often worse when soldiers watched friends and family wounded and killed on the battlefield. Yet, this is exactly what happened. Civil War regiments were composed of companies that were often drawn from counties; meaning whole neighborhoods were volunteers in the same company. Unlike the army in the twentieth century, which was composed of mostly strangers, Civil War soldiers knew each other intimately. Consequently, when soldiers fell, the survivors were not only bereft of comrades from the company; it was often brothers, cousins, or boys they had known their whole life. Following the Second Battle of Bull Run, Confederate Josiah Moseley recorded in his diary: “helped to bury the dead...it was a great victory but so many of my relations & friends got killed it makes me shudder to think of it.”<sup>68</sup>

As they starved, shivered, marched, and fought, something changed inside these men. Some men were perceptive enough to notice the change, in their friends, or in themselves. Sometimes, men just looked harder. Months of campaigning made soldiers rough with facial hair and dark from the sun, almost unrecognizable to their mates back home. Following the Battle of Gettysburg, Andrew Keiser Shriver caught sight of his brother Herbert and barely recognized him: “I hardly knew Herb when I first saw him he has grown so much & he looked so sun burnt

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<sup>67</sup> James M. Greiner, Janet L. Coryell, and James R. Smither, eds., *A Surgeon's Civil War: The Letters and Diary of Daniel M. Holt., M.D.* (Kent: The Kent State University Press, 1994), 28.

<sup>68</sup> Josiah Moseley Diary, 31 August 1862, Josiah Moseley Collection.

& rough.”<sup>69</sup> Confederate Charles Sanders spent May and June, marching and fighting through Virginia, vainly trying to stop Grant’s army. After the Battle of Cold Harbor, Sanders caught a glimpse of himself and was shocked at how much of a toll the campaign had had on his appearance. “I have seen such a hard time recently that I hardly look like myself,” Sanders wrote his sister.<sup>70</sup>

Other times, the war changed men in ways deeper than their appearance; indeed, many soldiers began to feel they were not the same men who had left home in 1861. Following combat outside of Richmond during the Peninsula Campaign, North Carolinian Walter Lee felt a deep change within himself. “I don’t believe I was the same being I was two weeks ago, at least I don’t think as I used to, and things don’t seem as they did,” Lee wrote his mother.<sup>71</sup> This change was often on a deep emotional level.

As 1863 dragged into 1864, the war, already a nightmare for many, somehow got worse. “I feel as if my present life was a disagreeable and painful dream, and not a reality,” William Nugent wrote while in North Georgia in 1864.<sup>72</sup> At night, Nugent dreamt of home in Mississippi, only to awake to a dreadful reality of “[b]lood, butchery, death, desolation, robbery, rapine, selfishness, violence, wrong: a disregard for everything holy or divine.”<sup>73</sup> For Nugent, life had become a nightmare, and dreams a solace. The war was now different. Gone were the small acts of civility from the earlier years of the war. Enemy pickets were no longer “friendly.” Instead,

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<sup>69</sup> Andrew Keiser Shriver to Mother, 11 August 1863, Shriver Family Correspondence, University of Notre Dame, Rare Books and Special Collections.

<sup>70</sup> Charles Sanders to his Sister, 8 June 1864, Charles H. Sanders Letter, Drawer 283, Box 38, Georgia Department of Archives and History, Morrow, Georgia.

<sup>71</sup> Walter Lee to his Mother, 15 June 1862, in Laura Elizabeth Battle, ed., *Forget-Me-Nots of the Civil War: a Romance, Reminiscences, and Original Letters of Two Confederate Soldiers* (St. Louis: AR Fleming, 1909), 67, Southern Historical Collection, University of North Carolina, Chapel Hill.

<sup>72</sup> Cash and Howorth, eds., *My Dear Nellie*, 148.

<sup>73</sup> *Ibid.*, 148.

they were forbidden from “shaking hands” and trading tobacco for coffee. In some arenas, humane treatment of prisoners became a novelty of the prior years. Of course, in other localities, it had never existed. Guerrilla violence had plagued communities in Missouri, Kentucky, North Carolina, and Tennessee throughout the war.<sup>74</sup> But largely, barbarity replaced mercy. While foraging with the Twentieth Illinois in Georgia, Ira Blanchard noticed a man was missing from the regiment. The “poor fellow” had wandered too far from the regiment, and was captured by “bush-whackers” before he could retrace his steps. These guerrillas set about torturing him. They “cut off his ears and nose and otherwise mutilated him” before letting him stagger back to Union lines as a warning. He died shortly after returning.<sup>75</sup> In October 1864, Churchill Crittenden and another man from the Confederate First Maryland Cavalry were captured after carrying out an ill-fated scouting mission. Rather than send them to a POW camp, the Union officer decided to summarily execute the two, as a tit-for-tat response to the escalating guerrilla violence. After being marched to a rocky ravine, the Union soldiers loaded their rifles then told the two

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<sup>74</sup> Daniel E. Sutherland, *A Savage Conflict: The Decisive Role of Guerillas in the American Civil War* (Chapel Hill: The University of North Carolina Press, 2009), 117-140; irregular warfare has enjoyed stunning success in recent Civil War historiography, for examples see: Robert R. Mackey, *The UnCivil War: Irregular Warfare in the Upper South, 1861–1865* (Norman: University of Oklahoma Press, 2004); Brian D. McKnight, *Contested Borderland: The Civil War in Appalachian Kentucky and Virginia* (Lexington: University of Kentucky Press, 2006); Clay Mountcastle, *Punitive War: Confederate Guerrillas and Union Reprisals* (Lawrence: University Press of Kansas, 2009); Barton A. Myers, *Executing Daniel Bright: Race, Loyalty, and Guerrilla Violence in a Coastal Carolina Community* (Baton Rouge: Louisiana State University Press, 2009); Mark W. Geiger, *Financial Fraud and Guerrilla Violence in Missouri’s Civil War, 1861–1865* (New Haven: Yale University Press, 2010); Michael Fellman, *In the Name of God and Country: Reconsidering Terrorism in American History* (New Haven: Yale University Press, 2010); Brian D. McKnight, *Confederate Outlaw: Champ Ferguson and the Civil War in Appalachia* (Baton Rouge: Louisiana State University Press, 2011); Matthew C. Hulbert, “Constructing Guerrilla Memory: John Newman Edwards and Missouri’s Irregular Lost Cause,” *Journal of the Civil War Era* 2 (March 2012); Joseph M. Beilein, Jr., and Matthew C. Hulbert, ed., *The Civil War Guerrilla: Unfolding the Black Flag in History, Memory, and Myth* (Lexington: University of Kentucky Press, 2014).

<sup>75</sup> Ira Blanchard, *I Marched with Sherman: Civil War Memoirs of the 20th Illinois Volunteer Infantry* (San Francisco: J.D. Huff and Company, 1992), 124.

unfortunate Rebels: “now you may run.” Crittenden’s comrade made a break for his life but was gunned down. Crittenden, however, refused to run, instead seating himself on a rock, he folded his arms and proclaimed: “if you intend to murder me you may do it.” He was shot through the head and killed instantly.<sup>76</sup>

Not even death brought respite from the inhumanity of war. Once a man was killed, his body was often violated by the living, who rifled over the corpse and took anything of value. Soldiers had decried this barbaric practice early in the war when it was uncommon. But as time went on, and soldiers became desperate and emotionally hardened, robbing the dead no longer seemed morally troubling. Others, however, never became inured to the practice, and were revolted at the depth their comrades had sunken. “I do not think there was much robbing of the dead in the beginning of the war,” remembered Berry Benson, a soldier in the First South Carolina Volunteers. “But as time went on...the pillage of the fields extended not only to the taking of articles of value, such as money, watches, and rings, but even to coats and trousers.”<sup>77</sup>

Most soldiers struggled under the rigorous strains of soldiering—onerous marches, starvation, disease, the horror of combat, and the shock of viewing the carnage of war—but they soldiered on. They noticed emotional and psychological changes in their comrades, and—sometimes—themselves, but they were able to keep going, to keep fighting. Chapter Two will examine how these soldiers used unique coping strategies to deal with the horror of war and continue soldiering on.

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<sup>76</sup> James Crittenden to Clara Jones Crittenden, 21 November 1864, Crittenden Family Papers, Special Collections Library, University of Washington.

<sup>77</sup> Susan Williams Benson, ed., *Berry Benson’s Civil War Book: Memoirs of a Confederate Scout and Sharpshooter* (Athens: The University of Georgia Press, 1992), 65.

## CHAPTER 2

### “The Midnight Cyclone”

James W. Elliot was a South Hanover, Indiana native who in April 1861 enlisted in the Tenth Indiana Volunteer Infantry Regiment. The regiment saw action at Perryville and Chickamauga, then at Chattanooga, Missionary Ridge and Dalton. In 1864, he was eventually promoted to Captain of a company in the Forty-Fourth Regiment of the United States Colored Troops. He became a white officer in an all African-American unit. The Forty-Fourth USCT was organized around Chattanooga, and for their first few months they performed mostly guard duty around the area, but that did not last long. They fought at the Battle of Dalton, then at Nashville.<sup>1</sup> It was at Nashville that Elliott was captured by Confederates, and sent first to Cahaba, Alabama and then to the notorious Andersonville prisoner of war camp. He was typical of his hardened generation, who had grown up with death, and went on to fight the deadliest war in American history. “I have seen death's carnival in the yellow-fever and the cholera stricken city,” Elliott wrote, “on the ensanguined field, in hospital and prison, and on the rail.”<sup>2</sup> Yet, despite the fact that death was a close companion to him virtually his entire adult life, the death he witnessed in the war was something new and terrible. “I have, with wife and children clinging in terror to my knees, wrestled with the midnight cyclone,” Elliot remembered years after the war.<sup>3</sup> The

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<sup>1</sup> James W. Elliott's Civil War Service Record, Record Group 94, Roll 0022, National Archives and Records Administration (fold3.com), accessed May 14, 2015.

<sup>2</sup> Chester D. Berry, *Loss of the Sultana and Reminiscences of Survivors* (Knoxville: The University of Tennessee Press, orig., 1898, repr., 2005), 111-112.

<sup>3</sup> *Ibid.*



“midnight cyclone” was repetitive and terrifying nightmares of his experience in the war. Despite all his close associations with death, in peacetime and in war, he was still disturbed by his experiences, damaged goods.

As soldiers struggled with the aftermath of war, in their dreams or otherwise, many turned to a variety of coping mechanisms. Just as Kathryn Shively Meier has encouraged historians to revisit straggling as a form of self-care, historians of the war’s mental trauma should also ask how soldiers successfully coped with battle. Not every soldier who psychologically struggled with the experiencing of soldiering became a patient in an insane asylum. Most soldiers were able to cope with the experience and remain relatively healthy and well adjusted. This chapter outlines the most successful coping mechanisms Civil War soldiers used to bring themselves out of a mental tailspin, focusing particular on humor, camaraderie, religion and alcohol as mediating influences that helped soldiers to self-sooth.

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### *Humor*

“Without humor,” writes psychologist H.J. Esenck, “life would be unbearable; hence its perennial attraction.”<sup>4</sup> This was especially true for the Civil War soldier. Life as a Civil War soldier was a long running tally of almost daily indignities. They slept in the dirt, washed infrequently, were covered in lice, were never fed enough and what food was given to them was awful. In addition they were bored out of their minds, pining for home and family and suffering suffered severe bouts of depression. However awful, the life of a soldier was often absurd and even hilarious, and humor quickly became one of the most powerful and longest-running coping mechanisms that Civil War soldiers turned to. Contemporary researchers have noticed the role of

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<sup>4</sup> Jeffrey H. Goldstein and Paul H. McGee, eds., *The Psychology of Humor: Theoretical Perspectives and Empirical Issues* (New York: Academic Press, Inc., 1972), xiii.

humor in modern day emotionally trying careers, such as hospital emergency rooms, where gallows humor is ubiquitous and serves a similar function.<sup>5</sup>

One perennial topic of humor was lice. The initial discovery of infestation could be deeply embarrassing for most, especially for men from the upper class, and once discovered, some men snuck off to privately de-lice themselves. But after some time soldiers began to make light of their new insect companions and deflect all embarrassment with humor. “Every soldier had a brigade of lice on him, and I have seen fellows so busily engaged in cracking them that it reminded me of an old woman knitting,” remembered Sam Watkins. “At first the boys would go off in the woods and hide to louse themselves, but that was unnecessary, the ground fairly crawled with lice.” At twenty-one years of age, Watkins had volunteered and joined the First Tennessee Volunteer Infantry. After training at Camp Cheatham, Watkins and the First traveled to Virginia, only to arrive hours after the Battle of Bull Run had finished. Watkins and his compatriots were crushed, believing that “the war was over” and they “would have to return home without ever seeing a Yankee soldier.” But the war did not end and Watkins soon saw combat at Cheat Mountain and then Shiloh. Afterwards, the First Tennessee was sent to Corinth, Mississippi where they soon became infested with disease and lice. Many of the men in camp began to engage in games with the lice, setting them in races. Sam Watkins recalled: “the boys would frequently have a louse race...the lice were placed in plates—this was the race course—and the first that crawled off was the winner.”<sup>6</sup> This all served a dual function: passing the time and relieving their shame of infestation through humor.

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<sup>5</sup> Katie Watson, “Gallows Humor in Medicine,” *Hastings Center Report* 41 no. 5 (2011): 41.

<sup>6</sup> Sam R. Watkins, *Co. Aytch: A Side Show of the Big Show* (Chattanooga: Times Printing Co., 1900), 45.

Another typical butt of humor was the food. Most soldiers were given rations of pork and a handful of flour, supplemented by coffee and hard tack, a cracker with the consistency of hardened concrete. Soldiers often fried the pork, and then combined the flour with the leftover grease to make a fried bread of sorts. As one can only imagine, this coarse fare quickly became tiresome and soldiers yearned for home cooking. To assuage their culinary despair, soldiers often sarcastically mocked their meager rations to each other and to the folks back home. Cornelius McLaurin, a Confederate from the Tar Heel state wrote to his mother detailing his new life in camp: “Then we are dismissed to *cook* breakfast. This is the important era, one which requires all our skill and ingenuity. After making a fire and bringing water we pause. The question arises what shall we have: bread and meat or meat and bread? That question settled, we proceed to business.”<sup>7</sup> While sarcasm did not alleviate the pangs of hunger, humor could lighten the misery.

Soldiers also used humor to cope with, as Walt Whitman put it, the war’s “fearfullest test”: injury and hospitalization. Many wounded soldiers wondered particularly how they would be received by the opposite sex. Since a healthy body was a marker of manhood, would women accept men who were disfigured? “We have a room with seven men in it, who have lost a limb each,” wrote Confederate nurse Kate Cumming. “It is a perfect treat to go into it, as the men seem to do little else but laugh.” These wounded men deployed self-deprecating humor to lighten their spirits. They routinely told Cumming to encourage women to come see them, as they could make “excellent husbands, as they will be sure to never run away.”<sup>8</sup> These jokes were always followed with riotous laughter and backslapping.

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<sup>7</sup> Cornelius McLaurin to Eliza McLaurin, 9 July 1861, Anna Blue McLaurin Papers, Southern Historical Collection, University of North Carolina, Chapel Hill.

<sup>8</sup> Richard Barksdale Harwell, ed., *Kate: The Journal of a Confederate Nurse* (Baton Rouge: Louisiana State University Press, 1987), 273.

Shockingly, humor was sometimes deployed during combat. Soldiers used laughter to deflect the fear and horror of fighting. They also sometimes used humor to deal with and process the violence of the battlefield. Witnessing the often personal and gruesome deaths during Civil War battles could be deeply disturbing. During the many battles Watkins fought in and survived he witnessed men “shot in every conceivable part of the body.” He saw men with “their entrails torn out” and men with “their under jaw torn off” with their “tongues lolling from their mouths” as well as men with “both eyes shot out.” Somehow, Watkins and his comrades learned to make light of even these terrible circumstances. One morning following the Battle of Jonesboro, Watkins was eagerly wolfing down a plate of gravy and cornbread with his lieutenant. Suddenly, a Yankee “feeler” came out of nowhere. Watkins’ comrades yelled at the two men to take cover, but it was too late. “I just turned my head,” Watkins remembered, “and in turning, the cannon ball knocked my hat off, and striking Lieutenant Whittaker full in the side of the head carried away the whole of the skull part, leaving only the face. His brains fell in the plate from which we were sopping, and his head fell in my lap, deluging my face and clothes with his blood.” Most men would, and many did, have a nervous breakdown following such a terrifying experience. But the first noise Watkins heard following the incident was laughter. “Captain Flournoy laughed at me, and said, ‘Sam, that came very near getting you. One-tenth of an inch more would have cooked your goose.’” Watkins remembered.<sup>9</sup> During the third Battle of Winchester, Confederate Henry Robinson Berkeley and his artillery company were methodically loading and firing their piece when an order came to move. One member of the company ran up and grabbed the lead horse by the reins and bit and just at that moment, a Union artillery shell exploded, vaporizing the horse. The soldier, however, was left standing unhurt holding the empty “reins and bit in his

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<sup>9</sup> Watkins, *Co. Aytch*, 195.

right hand” and “covered from his face to his knees with the brains and blood of the horse.”

Berkeley and the company were “amused at his appearance” and quickly broke out into riotous laughter in the midst of the fighting.<sup>10</sup>

### *Hardening*

Humor had its limitations; many deaths could not be laughed off. In such cases, the natural and perhaps most common coping mechanism was emotional desensitization. Typically this happened by degrees and almost subconsciously, but Civil War soldiers certainly became aware of the change, in themselves and in comrades. After seven months of service in the Confederacy, Louisianan Edwin H. Fay noticed the change in himself and he initially welcomed it. “I have become perfectly hardened,” he wrote his wife. “I care for nothing now.”<sup>11</sup>

Similarly, Civil War nurses became “hardened” as a result of their time in Civil War hospitals. Much like soldiers, they had been initially shocked when they first stepped into a hospital ward and witnessed firsthand the brutality of the war. In 1862 volunteer nurse Kate Cumming left the safety of Mobile and traveled to Corinth by train, fought through a sea of people at the depot, and climbed into a carriage for a bumpy ride to the hospital. Along the way a veteran nurse tried to give her some idea of what she would see. “Mrs. Ogden tried to prepare me for the scenes which I should witness upon entering the wards,” she wrote. “But alas! Nothing that I had ever heard or read had given me the faintest idea of the horrors witnessed here.”<sup>12</sup>

Cumming’s initial shock soon gave way to emotional hardening.

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<sup>10</sup> William H. Runge, ed., *Four Years in the Confederate Artillery: The Diary of Private Henry Robinson Berkeley* (Chapel Hill: The University of North Carolina Press, 1961), 50-51.

<sup>11</sup> Edwin H. Fay to his Wife, 18 October 1862, in Wiley, ed., *This Infernal War*, 173.

<sup>12</sup> Richard Barksdale Harwell, eds., *Kate: The Journal of a Confederate Nurse* (Baton Rouge: Louisiana State University Press, 1959), 14.

Amanda Stearns went through a similar process. Stearns had left her Quaker family in upstate New York in 1863 to become a nurse at Armory Square Hospital in Washington, D.C. The thirty-five-year-old spent her days preparing food for the men, washing them and trying to lift their spirits. She also had to deal with a strange coterie of guests, including Walt Whitman, whom Stearns thought unwelcome, writing that he “stalks down the wards” in search of interesting soldiers. “I...never speak to him,” she noted, “if not obliged to do so.” Like Kate Cumming, Stearns was initially shocked at the reality of war, but she soon became desensitized. “It seemed to me this evening,” she wrote, “as I sat at my table adding to the list of...the new arrivals, calmly looking at the poor maimed sufferers carried by, some without limbs, on a stretcher—that I had forgotten how to feel, and when I went to the open door and glanced upward at Night's glittering mantle, it seemed as if I was entirely separated from the world I left behind. I am not myself at all.”<sup>13</sup> Desensitization then was a broad coping mechanism that many participants in the war—soldiers and nurses alike—relied upon.

### *Religion*

However welcome, hardening could also be a source of concern. What would happen, concerned observers wondered, when the war ended and thousands of rough soldiers returned to civilized society? What about their spiritual salvation? “You are in great danger of becoming hardened under your sufferings,” preached North Carolina Reverend John Edwards in a sermon. “There is a foolish notion, too prevalent among soldiers, that it is unmanly to manifest any feeling under the pressure of bereavement or mental distress--that it is unsoldierly to exhibit any emotion under the most excruciating pain--that it is womanly and childish to weep.” Edwards did not think it

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<sup>13</sup> Amanda Akin Stearns, *The Lady Nurse of Ward E* (New York: The Baker and Taylor Company, 1909), 39.

was unmanly to show feelings, to weep when friends perished from microbe or minié ball. He rejected these notions, urging soldiers to give themselves over helplessly to God that religion could help them get clean. “Too many have made up their minds that a profession of religion is incompatible with the profession of arms,” Edwards wrote. “This is all a mistake.”<sup>14</sup>

Religion was a key factor in this self-care regimen practiced by many Civil War soldiers. Following combat, many soldiers turned to religion to quiet the growing tempest in their minds. Scholars such as Drew Gilpin Faust and Jason Phillips have focused on the importance of religion in sustaining motivation, but little attention has been focused on religion’s ability to short-circuit the kind of perseverating thoughts that could lead to permanent mental trauma.<sup>15</sup> The thought that an omnipotent God controlled all events—even on the battlefield—helped soldiers make sense of why they survived and others died. This belief in God as a shield further helped to make soldiers feel safe, and led them to believe that God would ensure their safety in future conflicts.

Take, for example, Ohio-born James Williams. In 1858, at age twenty-one, Williams ventured to first Georgia then Alabama to work as a clerk to help pay off some family debts. In 1860 he married Eliza Jane Rennison, a Georgia belle, and moved to Mobile, Alabama. When secession broke out, he had barely cemented himself as a southerner, but, after a modest delay, Williams volunteered in October 1861 and became a soldier in the Twenty-First Alabama Infantry Regiment.<sup>16</sup> He was motivated by an intense fear of emasculation. He needed to prove that he was a man, both to his comrades and to his wife. “I must be where I can hear the click of

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<sup>14</sup> Rev. John E. Edward, “The Wounded Soldier.” N.P., N.D. Southern Historical Collection, University of North Carolina, Chapel Hill.

<sup>15</sup> Drew Gilpin Faust, “Christian Soldiers,” 83; Jason Phillips, *Diehard Rebels*, 12.

<sup>16</sup> John Kent Folmar, ed., *From That Terrible Field: Civil War Letters of James M. Williams, Twenty-First Alabama Infantry Volunteers* (Tuscaloosa: The University of Alabama Press, 1981), xi.

arms, and the roll of the drums or I would not think that I was any better soldier than the cowardly stay-at-homes that I so heartily despise,” he wrote his wife.<sup>17</sup> Williams was not a religious man. Neither religion nor its practitioners appealed to him. As he wrote to Eliza from camp in Fort Gaines in December 1861, the voices of psalm singers rang out, “making night hideous with their horrid nasal twang butchering bad music.” But it was not just the noxious music he hated; Williams blamed the church for starting the war. “If it had not been for them [psalm singers] I would never have been soldiering here from Dauphin Island,” he wrote Lizzie. While Williams’ accusation was likely hyperbole, he was actually not far from the truth.

Southern Evangelicals had consistently defended slavery as biblically sanctioned, and when secession came, many southern churches argued God favored secession and the new Confederacy.<sup>18</sup> All of this encouraged many southerners to enlist with the belief that God was behind them. Williams also believed that religious men made poor soldiers. “[I]f I had to go off with a few men on a dangerous expedition to-night I’d rather take an old granny than any of them [psalm singers]-Give me a jolly good ‘sinner’ to stand by me when the hour of danger comes!”<sup>19</sup>

For James Williams, the hour of danger descended on April 6, 1862 in southwestern Tennessee when Williams and the Twenty-First Alabama fought in the bloody Battle of Shiloh. The Confederates entered the fight with over 40,000 soldiers, more than 9,000 of whom fell dead

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<sup>17</sup> James Williams to Eliza Williams, 15 December 1861, in Folmar, ed., *From That Terrible Field*, 11.

<sup>18</sup> Mitchell Snay, *Gospel of Disunion: Religion and Separatism in the Antebellum South* (Chapel Hill: University of North Carolina Press, 1997), 13.

<sup>19</sup> James Williams to Eliza Williams, 15 December 1861, in Folmar, ed., *From That Terrible Field*, 11.



or wounded on April 6 and 7.<sup>20</sup> Battle was no longer an abstraction, and Williams found himself at an unusual loss for words. Shiloh seemed indescribable, even as it left a permanent scar in his mind. “[I]t will take me months to describe what I saw on that terrible field,” he wrote Eliza the day after the battle.<sup>21</sup> He was thankful, obviously, to be alive, but also troubled; instead of becoming fuzzier in his mind, aspects of the battle were becoming more precise, burning into his consciousness. Following battle, most men sought to forget the horrible experiences of the battle and instead remember the awe-inspiring moments. For Williams, the process was going the other way; the details of the past were not only horribly clear but seemed constantly before him or just below the surface of his consciousness, always threatening to recur. “[T]he terrible scenes of the two days...are indelibly fixed in my memory,” he wrote Eliza well after the event.<sup>22</sup> By the end of April, his perseverating thoughts were intruding upon his dreams, depriving him of sleep. Confessing his struggles to his comrades would be tantamount to an admission of weakness, but he hinted at them in his letters home. “I’ve had great and exciting times at night with my dreams since the battle,” he wrote, “some of them are tragedies and frighten me more than ever the fight did when I was awake.”<sup>23</sup> Time had collapsed and his moment of absolute horror during the battle replayed in his dreams again and again. Clearly, Williams was struggling with his experience in the battle and he needed help. But with no help except an asylum, Williams was forced to help himself.

The pillars of his self-care were letter writing and religion. In narrating the process of dissociative collapse to his wife, he managed to avoid it. In pointing out the pitfalls to her, he

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<sup>20</sup> James M. McPherson, *Battle Cry of Freedom: The Civil War Era* (New York: Ballantine Books, 1988), 412.

<sup>21</sup> James Williams, 8 April 1862, in Folmar, ed., *From That Terrible Field*, 53.

<sup>22</sup> *Ibid.*, 55.

<sup>23</sup> *Ibid.*, 60.

pointed them out to himself. His daily letters home became a kind of therapy; he wrote to, but also *through*, his wife to function as his own counselor. In writing her of his bravery, he became brave; in assuring her that everything would be okay, he became okay.<sup>24</sup>

Williams also nurtured a new faith in God and came to believe that God had protected him at Shiloh. He joined thousands of fellow Confederates who were “born again” following the carnage of Shiloh, or amidst the tangled overgrowth of the Wilderness, or in the muddy trenches of Petersburg. During the war, Evangelical Christians believed that God controlled all events, everything happened by divine design, and no event occurred by accident. “Do you not know that the Great Teacher sent from God, has taught you that ‘the very hairs of your head are all numbered,’ and that ‘a sparrow cannot fall to the ground without your heavenly Father?’ Your life is in the hands of God, and, of consequence, all the little incidents and events that in any way affect your life,” wrote one such religious tract.<sup>25</sup> In the war, evangelicals came to believe that God controlled events on the battlefield as well, granting victories to the righteous, but sometimes chastening them with defeat. This control extended to the micro-level as well; Evangelicals believed that God guided their missiles, and those of the enemy. God could be a literal shield, warping bullets away from the faithful and righteous.<sup>26</sup>

The idea that an omnipotent deity continued to watch over him gave Williams comfort and set his mind at ease. The chaos of the battle suddenly made sense, for God had guided everything. And the thought of future battles no longer gave him anxiety, for God controlled everything. As he contemplated future hostilities he wrote Eliza: “As for myself I feel that I will

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<sup>24</sup> James Williams, 8 April 1862, in Folmar, ed., *From That Terrible Field*, 62.

<sup>25</sup> Rev. John E. Edward, “The Wounded Soldier.” N.P., N.D. Southern Historical Collection, University of North Carolina, Chapel Hill.

<sup>26</sup> Mark A. Noll, *The Civil War as a Theological Crisis* (Chapel Hill: The University of North Carolina, 2006), 75.

again be protected by Him who guides every little unseen missile.”<sup>27</sup> And as battle seemed imminent at Corinth, he again wrote Eliza: “The God who shielded me before, yet watches over us all.”<sup>28</sup> Believing in God and his all seeing omnipotent power gave order to chaos; Williams came to believe that God would literally protect him in battle, giving him the *illusion of control* necessary to mental health.

Letter writing and his newfound faith in God had served as therapy for Williams, so much so, that by the summer he was ready and willing to go back into the fight. Stationed near Tupelo he wrote his wife: “I have had a taste of danger and uncertainty, and now I long for its excitement. . . I want to be moving—to be doing—it would be music to hear the rapid rattle of the musketry or the sharp report of the picket man’s rifle again,” he wrote.<sup>29</sup> Clanging his sword on his shield, Williams was ready for more. The invasive images and dreams of carnage that had haunted him in April no longer held sway over his mind. He had found his own way out of the dark.<sup>30</sup>

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<sup>27</sup> James Williams, 4 May 1862, in Folmar, ed., *From That Terrible Field*, 73.

<sup>28</sup> *Ibid.*, 77.

<sup>29</sup> *Ibid.*, 90.

<sup>30</sup> For other interpretations of the importance of religion to Civil War veterans see: Drew Gilpin Faust, “Christian Soldiers: The Meaning of Revivalism in the Confederate Army.” *The Journal of Southern History* 1 (February, 1987), 72; Samuel J. Watson, “Religion and Combat Motivation in the Confederate Armies,” *The Journal of Military History* 1 (January 1994), 55; Reid Mitchell, “Christian Soldiers? Perfecting the Confederacy,” in Randall M. Miller, Harry S. Stout, and Charles Reagan Wilson, eds., *Religion and the American Civil War* (New York: Oxford University Press, 1998), 297; Eugene D. Genovese, *A Consuming Fire: The Fall of the Confederacy in the Mind of the White Christian South* (Athens: The University of Georgia Press, 1998), 5; Jason Phillips, *Diehard Rebels: The Confederate Culture of Invincibility* (Athens: University of Georgia Press, 2007), 161; Mark S. Schantz, *Awaiting the Heavenly Country: The Civil War and America’s Culture of Death* (Ithaca: Cornell University Press, 2008), 10; Drew Gilpin Faust, *This Republic of Suffering: Death and the American Civil War* (New York: Alfred A. Knopf, 2008), 180; George C. Rable, *God’s Almost Chosen People: A Religious History of the American Civil War* (Chapel Hill: University of North Carolina Press, 2010), 76, 149.

Another Confederate soldier, Thomas R.R. Cobb, performed similar acts of self-care. Cobb was a prominent Georgian who became Colonel of Cobb's Legion at the onset of the war. Unlike James Williams, Cobb entered the war a religious man who firmly believed that God would watch over him and protect him from harm. In July of 1861, a close friend of his was killed at Bull Run. Cobb knew his wife would be upset, both for the loss of their friend and because she would worry for his future safety. "I know you will connect this event with me and imagine that it diminishes the chance of my safety," he wrote his wife Marion in July. "Dearest Marion do not render yourself unhappy with such thoughts. God is over all, my darling and I feel more confident than ever that He will protect me."<sup>31</sup>

But by the spring of 1862, Cobb and his Legion were stationed in Virginia, moving frequently between Richmond, Yorktown, and Suffolk; the stress of constant movement, arduous living conditions, and frequent skirmishes with the enemy had begun to take their toll. In February of 1862 Cobb suffered a "horrid dream" that "so completely unmanned" him that he "could not sleep quietly any more for the night. My poor trembling faith!" he exclaimed.<sup>32</sup> This is a startling admission. Cobb was a southern patriarch who believed that he should not only master his emotions, but also his dependents. He, and his contemporaries, believed that southern men should be loving patriarchs over their families, slaves and rivals. Cobb brought this desire to dominate with him to the war. But by the spring of 1862, his dreams were mastering him, "unmanning" him in fact. His dreams were so frightening that they made him wish he could unbuckle his sabre and ride back home to Athens and leave the war behind. Only the fear of shame kept him in the ranks.

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<sup>31</sup> T.R.R. Cobb to Marion Cobb, 22 July 1861, T.R.R. Cobb Papers, Hargrett Library and Special Collections, University of Georgia.

<sup>32</sup> T.R.R. Cobb to Marion Cobb, 18 February 1862, T.R.R. Cobb Papers.

By March of 1862, the nightmares were more frequent and invasive; he was reliving the anxiety of combat in his sleep. "I dreamed about you all last night. I thought I saw little Sally standing alone just as I went into battle and oh! [W]hat a struggle I had,"<sup>33</sup> he wrote Marion. His dreams had become pits of despair. Early in the war, Cobb had constant dreams of Marion and his home in Athens, and initially, these dreams brought great comfort to him. But the war was generating so much death and no one seemed to care at all. This troubled Cobb. Besides a "constant mourning widow here and there" who "cherishes a husband's memory and weeps over his grave" no one else seemed to notice or care when men were killed and gone. The tide of war "sweeps over his resting place" and it was "as if he had never lived." As Cobb meditated on the consequences of the war, the "hardening" of himself and all his men troubled him. They all took no notice of the dead, looking at them no differently than they might look at a cord of wood. His thoughts often drifted to the future, when he would return to Athens and his family's embrace. But he worried what his family would think of the man who would return to them, who was now so different than the man who had left. His dreams manifested these deep fears, fears about the changes the war was creating in him, and fears that Marion would no longer want the man he had become. "I had another bad dream last night," Cobb wrote his Marion in May. "It was about you. I thought you were advising me to marry another woman, as you had married another man. You can hardly imagine what horrible feelings I had." Swallowed by depression and homesickness, his dreams beginning to become nightmares, Cobb turned his gaze homeward to find solace, yet even home seemed to betray him. In the fall of 1862, Cobb's Legion returned to Virginia following Lee's campaign in Maryland. Cobb tried to refocus his thoughts on his home in Athens, to draw inspiration to carry on, but the war had changed him so much he was not sure

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<sup>33</sup> T.R.R. Cobb to Marion Cobb, 12 March 1862, T.R.R. Cobb Papers.

his family would want him any longer. As he peered into a daguerreotype of his daughter, she seemed to look back at him not with love, but with judgment for what he had become, what the war had made him. “I have wept over [her image] until my emotion choked me,” Cobb wrote, and he “wondered if her pure spirit could love such a polluted worm as I am.”<sup>34</sup>

How then, would a “polluted worm” such as Thomas Cobb get clean? Cobb turned to religion, to cleanse himself both psychologically and emotionally. Putting his trust in God also helped him feel safe, because he believed that God would protect him. This was a critical belief, the illusion of safety is often enough for many men to shed their anxieties about the battlefield. “Don't be uneasy about me and the boys,” Cobb wrote home. “God over-rules everything and will not allow any harm to us. I feel like I can trust Him...with my own life.”<sup>35</sup> By assuring his wife that he would be okay, he, like Williams, came to believe that he actually would. Moreover, the thought of an omnipotent God, working from above to control every event on the battlefield, gave Cobb a sense that he was in fact safe. Following his next experience with combat, Cobb proudly wrote his wife that he had become the master of his emotions once more: “I was never cooler or calmer or less excited in my life, nor do I think I ever had my heart more earnestly submissive to God's Will,” Cobb wrote home.<sup>36</sup>

### *Stragglers*

As the war continued on, some soldiers who were mentally or emotionally taxed from soldiering straggled from the front lines. Stragglers gave an exhausted soldier a break from the constant stress of being on the front lines, and could refill his psychological tank. However, since

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<sup>34</sup> Thomas R.R. Cobb to Marion Cobb, 21 February 1861, 6 May 1861, 16 March 1862, 26 May 1862, 14 October 1862, T.R.R. Cobb Papers.

<sup>35</sup> T.R.R. Cobb to Marion Cobb, 21 March 1862, T.R.R. Cobb Papers.

<sup>36</sup> T.R.R. Cobb to Marion Cobb, 17 April 1862, T.R.R. Cobb Papers.

straggling was illegal and considered shameful, few soldiers wrote about it. A few accounts though do exist. Take for instance, the case of John Jackson. Jackson was a native of Lewiston, Maine who was part of the second wave of enlistees, joining the Twenty-Third Maine Volunteer Infantry Regiment in September 1862. His time with the Twenty-Third was short and uneventful. The most action he saw was in camp when his fellow soldiers would get drunk out of their minds and come to blows with each other. He mustered out of the Twenty-Third in the summer of 1863. Less than a year later, however, he re-joined the war, signing up with the Thirty-Second Maine Volunteer Infantry Regiment in the spring of 1864. He was motivated to reenter the conflict because of his strong belief in his duty as a citizen-soldier of the state. "It makes me provoked when I receive a letter mentioning that I 'must be glad when' I 'can come home again' & appearing to think that I came for the pleasure or honor of it," Jackson wrote his mother. "I am ready to fight & die if need be for my country."<sup>37</sup>

His time in the Thirty-Second Maine was much more eventful. His regiment became a part of Lieutenant General Ulysses S. Grant's Overland Campaign in the summer of 1864. This campaign would be one of the hardest and most terrible of the war. Grant had thrown out the old playbook, which called for attacking and controlling important geographic points, such as rivers, railroad junctions, and ports. Instead, Grant fixed his gaze on the Confederate armies themselves, and resolved to hammer Robert E. Lee's Army of Northern Virginia until the rebels waved the white flag or scattered like dust into the wind.

The result was six weeks of virtually continuous fighting and marching, which pushed many men to their breaking point. The first clash came at the Battle of the Wilderness in Virginia during May 4-6. After Grant's army crossed the Rapidan River, Lee retreated into a second

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<sup>37</sup> John M. Jackson to Betsy M. Jackson, 28 April 1863, John M. Jackson Letters.

growth forest known as the Wilderness, using the scrub pine and dense underbrush to neutralize Grant's numerical advantage. Conditions were chaotic during the fight, which lasted for several days. Dense foliage and thick smoke from rifles and artillery combined to severely limit vision. "Your typical 'great white plain,' with long lines advancing and manoeuvring," wrote Massachusetts native Theodore Lyman, "led on by generals in cocked hats and by bands of music, exist not for us." Instead, while he had heard "bullets whistle" near him, Lyman had "scarcely seen a Rebel" during the battle. All he had seen was "smoke and bushes" and "lots of our men tumbling about."<sup>38</sup> It all combined to "make the scene one of unutterable horror." Soldiers were assaulted on all sides by the "groans of the dying" and by "heavy branches cut off by the fire of the artillery" which crashed down among them. Sparks from the gunfire ignited a forest fire, "the dead were roasted in the conflagration" while the wounded "roused by its hot breath" were forced to drag "themselves along with their torn and mangled limbs" to escape the "ravages of the flames."<sup>39</sup>

Following the battle, there was no time for rest, as the army resumed an immediate march to attempt to outflank the Confederates. Lee anticipated Grant's maneuver and the Confederates arrived at Spotsylvania Courthouse and entrenched before Grant's men could get there. Combat ensued near Spotsylvania Courthouse for several days, with the worst of the fighting occurring on May 12<sup>th</sup>. At a salient known as the Mule Shoe, Union forces launched an all-out assault to break through the Confederate line. After a successful attack, led by Emory Upton, the second wave of Union soldiers failed to follow up on the breakthrough, and Confederate reinforcements were able to halt the Union attack. Inspired by Upton's strategy, Grant emulated the tactic but

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<sup>38</sup> George R. Agassiz, ed., *Meade's Headquarters, 1863-1865: Letters of Colonel Theodore Lyman from Wilderness to Appomattox* (Freeport: Books for Library Press, 1922), 100-101.

<sup>39</sup> Robert Laird Stewart, ed., *History of the One Hundred and Fortieth Regiment Pennsylvania Volunteers* (N.P.: William S. Shallenberger, 1912), 179.



with much more men. After an initial breakthrough, Confederates counter-attacked and a desperate bloody fight took place at the Mule Shoe, as Union and Confederate soldiers fought face to face, shooting, stabbing, and bludgeoning each other until the sun mercifully fell below the horizon. After the battle “bodies were found with dozens of holes through them, and others literally torn to pieces.” Blood and water had “mixed together and ran down the slope into the trenches” where “the dead and dying lay in heaps” and the living had to wade through them like frothing surf to get to and from the lines. At the Mule Shoe the dead “lay two, three, and sometimes four tiers deep” while the “wounded were often writhing under two or three of the dead” amidst a pool of stagnant blood and water.<sup>40</sup>

Jackson and the Thirty-Second Maine fought at the Mule Shoe and Jackson wrote the regiment “was under a severe cross fire for a long time.” The bloodletting at Spotsylvania seemed to satiate Jackson’s desire to see another battle and take part in the conflict. “I have always said I wanted to be in one battle but I expected I should not want to be in but one,” Jackson wrote his mother a few days after the Mule Shoe fight. “This is true to the letter. I have been in one battle & hope I shall never be in another though I probably shall be.”<sup>41</sup> He had signed up for three years or the end of the war, so there was no escaping it. He would see another battle, this one worst than the last.

Nearly every man acknowledged that this campaign was like nothing they had ever endured. “This campaign has been by far the most trying I have known,” Rufus Dawes wrote his wife. “We have eight days and nights of constant toil and battle.” Men began to drop like flies, not with wounds or illness, but, as fellow soldiers described it: “demoralization.” They had

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<sup>40</sup> George H. Washburn, *A Complete Military History and Record of the 108th Regiment N.Y. Vols, from 1862-1894* (Rochester: E.R. Andrews, 1894), 71-73; Hyde, *Following the Greek Cross*, 202.

<sup>41</sup> John M. Jackson to Betsy M. Jackson, 14 May 1864, John M. Jackson Papers.

simply reached their breaking point, the limit of their endurance. Their comrades knew this; they knew the war was causing many of these breakdowns. As Oliver Wendell Holmes, Jr. put it in a letter to his folks back home from the fighting: “many a man has gone crazy since this campaign begun from the terrible pressures on mind & body.”<sup>42</sup> Holmes, Jr. would eventually leave the campaign himself when his enlistment ran out, unwilling to sign up for another tour through hell. One of Jackson’s comrades had dropped out of the regiment for psychological reasons, demoralized by the affair. “All the boys that you know are all right,” Jackson wrote his mother, updating her on some of the Pine State men. “Mace is well. Sergt [sic.] Sproul is wounded I trust not very badly.” But another comrade suffered a different kind of wound. This was an invisible psychological wound that broke him down. “Leut [sic.] Chase played out before we got here & I expect he will not come back Of course I should very much regret it if he did not,” Jackson wrote.<sup>43</sup>

There was little time for rest, however, as Grant immediately made several flanking maneuvers against Lee, all to no avail. He tried to outflank Lee by racing to a rail junction just beyond the North Anna River. Lee sniffed out the plan and got his army to the North Anna River first. They fought several skirmishes there until Grant made another move for a dusty crossroads named Cold Harbor. At Cold Harbor, Grant made a tremendous miscalculation. Lee and his Confederates had arrived on May 31<sup>st</sup> and immediately entrenched. After some probing by both armies, Grant decided to attack Lee first on June 1<sup>st</sup>, but then postponed the attack until the morning of June 3<sup>rd</sup>. Grant believed Lee’s men would be too exhausted and worn down to successfully defend an all-out attack; he was mistaken. The assault was a disaster. 7,000 Yankees fell dead or wounded compared to fewer than 1,500 Confederates. “It was the work of almost a

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<sup>42</sup> Howe, ed., *Touched with Fire*, 149-150.

<sup>43</sup> John M. Jackson to Betsy M. Jackson, 14 May 1864, John M. Jackson Papers.

single minute,” one Union veteran remembered. “The air was filled with sulphurous smoke, and the shrieks and howls of...mangled men rose above the yells of triumphant rebels, and roar of their musketry.”<sup>44</sup> Jackson could not believe that he and his regiment had been ordered into that fight. Instead, he believed that his superiors must have been ignorant of the enemy’s position. “I dont [sic.] think our officers knew the position of the enemy,” Jackson wrote his mother following Cold Harbor. “If they had I dont [sic.] think we should ever had been sent there.”<sup>45</sup>

In the middle of June, Grant’s Army of the Potomac withdrew from Cold Harbor. Using cavalry as cover and utilizing different feint operations, Grant for once thoroughly confused Lee as to his intentions. His army crossed the James River and moved on Petersburg. He had gotten in Lee’s rear before Lee knew what was happening. But Grant’s subordinates failed him, giving way to timidity when they should have lowered their shoulders and blasted through the handful of Confederate troops guarding Petersburg. The Union delay gave Lee time to rally his troops to defend Petersburg. Once the Confederates arrived, Grant’s men refused to make any more frontal assaults. They had simply gone through too much, and instead, Grant reluctantly settled in for a siege. By then, Jackson was thoroughly sick of the war. “I look upon war as I never did before,” Jackson wrote his father. “I always knew it was a horrid thing, but each hour reveals new horrors.”<sup>46</sup>

By August, the campaign and the siege were beginning to take a psychological toll on John Jackson. Gone was the exuberant boy who in 1863 was ready to give his life for his country. The constant marching, digging and fighting had broken his mental resolve to continue the fight. Each crack of the musket, or boom of the artillery, seemed to send a shockwave

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<sup>44</sup> Dudley Landon Vaill, *The County Regiment: A Sketch of the Second Regiment of Connecticut Volunteer Heavy Artillery* (Litchfield: Litchfield County University Club, 1908), 32.

<sup>45</sup> John M. Jackson to Besty M. Jackson, 5 June 1864, John M. Jackson Paper

<sup>46</sup> John M. Jackson to Joseph Jackson, 1 July 1864, John M. Jackson Letters.

through his marrow, unnerving him more and more. Much like a former comrade, Jackson was beginning to feel “played out” by the war. By the middle of August, Jackson had had enough. He was a broken, demoralized man and so he slipped away from the front and moved to the rear. In effect, he had become a straggler. He was deeply ashamed for leaving the front but not ashamed enough to return. “A few days ago I was bragging that I had never fallen back & all but that is up,” he wrote his sister. “I have never fallen back at all until this morn. I have moved about two miles to the left I should think.”<sup>47</sup> His letter to his mother the same day revealed how demoralized he actually was. He had been thoroughly disenchanted by the death and destruction engendered by the war, so much so that he wished to be a child again with no responsibilities to shoulder a musket and brave the dangers of the war. “I sometimes feel as though I would like to be a ‘child again’ but how cowardly to shrink from the labors before us!” he wrote his mother. “I must go forward and perform what remains to me to do and when I shall have done my part shall have accomplished my work ‘like a man’ I shall have had a long life even though I should soon fall on the field.”<sup>48</sup>

However, Jackson did not go forward and accomplish his work “like a man.” Instead, he found his way to a hospital in Petersburg, Virginia where he reluctantly wrote his mother. “Yes. I am at last in the hospital,” he wrote his mother at the end of August. “I hated to tell you for you will think I am quite sick which is not the case.” He was, however, emotionally and psychologically sick and he needed a break from the fighting. In a stunning admission, Jackson admitted to his mother that he was mentally and physically exhausted from fighting and had straggled to give himself a break. “I have got sort of tired out,” he wrote to his mother. “All I

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<sup>47</sup> John M. Jackson to Delora Jackson, 15 August 1864, John M. Jackson Letters.

<sup>48</sup> John M. Jackson to Betsey M. Jackson, 16 August 1864, John M. Jackson Letters.

need is a chance to rest and I will be all right in a few days.”<sup>49</sup> The almost nonstop fighting and marching had devastated his mind, driving him to the edge of desertion. A few days turned into a few weeks. He apparently convinced the hospital staff that he was legitimately played out, because they transferred him to City Point Hospital, removed from the front lines.

His situation at City Point was far different than the trenches of Petersburg. There he could eat regular meals and take advantage of plenty of rest. He frequently took walks about the hospital grounds and he enjoyed sitting and watching the “boats passing backward and forward” along the river. But by the time the month of September rolled around, he began to be pained by guilt. The reality that he had shirked his duty began to crowd upon his mind. He tried to rationalize his decision to leave the front in letters home to his parents. He began to believe that God had protected him through the battles he had fought. If God had protected him, then, surely it was not wrong that he had left the front for the hospital at City Point. In Jackson’s mind if it was wrong, then God would have not protected him. “I cannot believe that it was wrong for me to come here,” Jackson wrote his mother, “if it had been I dont [sic.] think God would have protected me in such perilous places and so frequently as He has If I die all I wish to know is that I did not do wrong and I believe it will be all right with me any way.”<sup>50</sup>

Back home in Lewiston, Maine, Joseph and Betsy Jackson had become understandably worried by their son’s letters. John had clearly shirked his duty, leaving the front and straggling back to a hospital. There he lay tired and played out, unsure if he would ever return to his unit and the war. When John found out he was scaring his parents, he felt bad about doing so, and promised his folks he was okay. “Sorry that you worry about me at all,” John wrote his mother.

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<sup>49</sup> John M. Jackson to Betsy M. Jackson, 22 August 1864, John M. Jackson Letters.

<sup>50</sup> John M. Jackson to Betsy M. Jackson, 9 September 1864, John M. Jackson Letters.

“I have written such blue letters along back that I know it must make you feel unpleasant. I am sorry that I wrote so.”<sup>51</sup>

John was eventually moved to St. Paul’s Church Hospital in Alexandria, Virginia. There he began to slowly work up his nerve to return to the front and his unit. To help himself, he turned to religion. “Let a man trust in God fully and there is no danger to him,” Jackson wrote his father Joseph. “I think I know something about how a man feels when the things of earth look uncertain to him still I have always rather expected to escape and God has preserved me and I hope He will preserve and sustain me until this bloody and unnatural war is over.”<sup>52</sup> But in reality his time away from the front had truly prepared him to return to it. He had been the beneficiary of plenty of rest and now, fully recharged, he was ready to return to his duty.

His faith that God would shield him in the hour of danger helped him finally buckle his cartridge belt, shoulder his musket and make for the front once more. God had protected him, it was His divine will that Jackson had survived the conflict. Jackson frequently touted a familiar aphorism that many Civil War soldiers repeated in conversations or in letters: “If I fall remember that not a sparrow falleth to the ground without permission of Our Father.”<sup>53</sup> Jackson and many of his compatriots believed this, and it helped them cope with the chaos and violence of the war. As Jackson made his way back to Petersburg to re-join his unit, his spirits were buoyed by his belief in his divinely sanctioned protection and he was excited to see his old comrades and shake their hands once again. “I begin to feel in a hurry to be with the boys,” he wrote his mother as he traveled back to his unit. “It almost seems as if I was going home.”<sup>54</sup>

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<sup>51</sup> John M. Jackson to Betsy M. Jackson, 28 September 1864, John M. Jackson Letters.

<sup>52</sup> John M. Jackson to Joseph Jackson, 2 December 1864, John M. Jackson Letters.

<sup>53</sup> John M. Jackson to Joseph Jackson, 25 May 1864, John M. Jackson Letters.

<sup>54</sup> John M. Jackson to Betsy M. Jackson, 8 December 1864, John M. Jackson Letters.

### *Camaraderie*

Messes became like family, a home of sorts for many Civil War soldiers. These men often turned to each other in the wake of battles to help cope with the shock of the bloody scenes they had witnessed. Fraternity among soldiers grew immensely as the war continued. This fraternity grew because so much of what the war was, and much of what it did to those who fought its battles, was hard to stomach. And increasingly, as the war continued, soldiers felt a canyon widening between them and those who had remained home. Most soldiers felt civilians could never quite understand the experience of fighting men. Only those who had “crossed the gulf” of combat to become warriors could understand. “I do not wish to leave my own regiment,” James Williams wrote Eliza weeks after the Battle of Shiloh, “indeed, I do not know that I would accept a place in any other; I helped it win an honorable name, and to leave it would seem like selling my birthright for a mess of pottage.” Following the Seven Days Campaign in Virginia, Oliver Norton, a private in the Eighty-Third Pennsylvania Infantry, marveled at how close his company had become. “It seems strange how much the rest of our company has become united since the battles,” Norton wrote. “They are almost like brothers in one family now. We used to have the ‘aristocratic tent’ and ‘tent of the upper ten,’ and so on, but there is nothing of that kind now. We have all lost dear friends and common sorrow make us all equal.”<sup>55</sup>

### *Daydreaming*

While many men used humor and religion as a way to cope, some soldiers turned to more familiar sources for help as the war ground on. Some soldiers often began to turn their gaze

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<sup>55</sup> James Williams to Eliza Williams, 22 April 1862, in Folmar, ed., *From That Terrible Field*, 62; Oliver Norton to Parents, 18 July 1862, in Oliver Willcox Norton, *Army Letters, 1861-1865* (Chicago: N.P., 1903), 104; Linderman, *Embattled Courage*,

homeward as the war continued. Many Civil War soldiers had undergone a conversion experience when the war broke out, and as it continued, they underwent an un-conversion experience, trying to reclaim their prewar identity. To do this, they sought out connections with home. Home came to symbolize peace, civilization, and happiness. Because women were synonymous with nurturing love and a peaceful domesticating influence, soldiers intensely pined for their mothers, sisters and wives. They daydreamed about returning home while they were awake and dreamt about home when they were asleep. Confederate William Nugent was fighting Sherman's advance on Atlanta in the summer of 1864 when he laid down and dreamt of his home in Mississippi. In his dream he was "busying about the garden," he wrote home to his wife Eleanor, "listening again to the plashing of the Mississippi's waves." Only gradually did he wake to "the dread reality that encompasses" him, which was: "[b]lood, butchery, death, desolation, robbery, rapine, selfishness, violence, wrong: a disregard for everything holy or divine." Three years into the war, Nugent had done so much dreaming and daydreaming that reality was beginning to reverse itself—dreamland, as he called it, seemed normal, the war a living nightmare. "I feel as if my present life was a disagreeable and painful dream," he wrote succinctly, "and not a reality."<sup>56</sup>

Letters, then, became of paramount importance, as important as food and water. Soldiers were sure that they would die without a steady influx of letters from home, and they confessed so to those that wrote from the homefront. Bolton Thurmond, a soldier in the Thirty-Fourth Georgia Volunteer Infantry, wrote his beloved Frances Porterfield: "you must write soon for if it wasn't

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<sup>56</sup> William M. Cash and Lucy Somerville Howorth, eds., *My Dear Nellie: The Civil War Letters of William L. Nugent to Eleanor Smith Nugent* (Jackson: University Press of Mississippi, 1977), 179, 148.



for hearing from you I could hardly live.”<sup>57</sup> This was not hyperbole. These soldiers truly believed, and their physicians did as well, that loneliness and isolation could literally be deadly. Nostalgia was a recognized medical condition in the nineteenth century. Known as an extreme form of depression and homesickness, nostalgia was first noted to affect Swiss soldiers in the Thirty Years War. Afterwards, it became recognized in many soldiers off fighting distant battles. Medical professionals believed it could literally be a deadly form of homesickness.<sup>58</sup> Phoebe Pember, a nurse at Chimborazo, believed that nostalgia had killed many men in her ward. “That *maladie du pays* called commonly nostalgia, the home-sickness which wrings the heart and impoverishes the blood, killed many a brave soldier,” she wrote, “and the matron who day by day had to stand helpless and powerless by the bed of the sufferer...learned the most bitter lesson of endurance that could be taught.”<sup>59</sup>

To counter this, soldiers turned to letters. Soldiers wrote letters constantly, and demanded even more letters in return. Many men kept their favorite letters much like talismans. Some soldiers were known to have slept with their favorite letters, reading them frequently and cuddling with them much like a lover. These letters became all important to boosting their morale and helping them cope with soldier life. John Jackson urged his folks to write more letters but reminded them he was “thankful very for any” such letters. He was witness to many men in his company who did not receive very many letters from loved ones and noted the depressing effect it had on them. He was certain that the people on the homefront “dont [sic.]

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<sup>57</sup> Stephen W. Berry, *All That Makes a Man: Love and Ambition in the Civil War South* (New York: Oxford University Press, 2001), 173-74; Bolton Thurmond to Frances Porterfield, 19 June 1864, microfilm, drawer 40, box 72, Georgia Department of Archives and History, Morrow, Georgia.

<sup>58</sup> David Anderson, “Dying of Nostalgia: Homesickness in the Union Army during the Civil War,” *Civil War History* Vol. 56 No. 3 (2010): 248.

<sup>59</sup> Wiley, ed., *A Southern Woman's Story*, 95.

realize the thrill of pleasure it sends to the soldier's heart to hear his name called on the list of letters", nor did people on the homefront realize the "disappointed feeling if he fails to hear it." Jackson empathized with many soldiers who walked away letter-less grumbling "'well I guess nobody cares for me' or 'I should think some of them might just write one' or some such expression." Certainly, Jackson thought, the people back home did not realize how important these letters were to the soldiers in camp. If those back home could come out and see the "sorrowful, downcast & disheartened look" when soldiers failed to receive a letter from home, they might endeavor to write more. Soldiers who did not receive very many letters from loved ones often felt "those they love are unmindful of them in their danger & suffering" and they were more likely to give way to depression and anxiety.<sup>60</sup>

### *Alcohol*

To be sure, soldiers also turned to more unhealthy methods to cope with the stress of soldier life. Much to the chagrin of teetotalers and temperance advocates, alcohol use was rampant among soldiers during the war. Officers, privates and even surgeons drank to excess. Officers were sometimes known to give whiskey rations to their men. While other times, soldiers went into town and visited the saloon or dram dealer. Wherever the creature was, soldiers found it. "[T]heir [sic.] is a great deal of licker [sic.] drank for all," wrote Guy C. Taylor, a private in the Thirty-Sixth Wisconsin Volunteer Infantry, to his wife Sarah back home in Bristol, Wisconsin. In camp there were a great many officers that "dont [sic.] make anything of drinking a canteen full

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<sup>60</sup> John M. Jackson to Betsy M. Jackson, 25 June 1864, John M. Jackson Letters.

everyday [sic.].” Taylor saw one Lieutenant who “got so drunk last nite [sic.]” that he “cood [sic.] not get to his tent and layed [sic.] out all nite [sic.]”<sup>61</sup>

The more temperance-oriented men were appalled at what they saw. In camp there was a variety of activities. Men wrestled, had foot races, sang songs, and read the Bible. But many more men spent their days “cursing” and “drinking whiskey” and playing cards or gambling, or doing all sorts of things “more evil than good.”<sup>62</sup> Alcohol use especially exploded in camp after men were paid off. Once they were paid, many immediately used their wages to buy “tanglefoot” or any kind of alcoholic concoction. Then they would get rip roaring drunk, singing songs, getting in fights, and generally making mayhem into the night. As the war went on, many sutlers began to sell alcohol to the troops, so they did not have to make a trip into the nearest town. This facilitated even more drunkenness in camp. John Jackson wrote his parents: “Since we were paid off some of the boys have been about half drunk nearly all the time.”<sup>63</sup> Some soldiers became teetotalers directly because of their experience in the regimental camps. They watched comrades get obnoxiously drunk on a repeated basis and it turned them off to the drink. Other times, their mothers or wives found out that they had partaken of whiskey in camp and reprimanded them. This happened to Thomas Francis Burpee, an officer with the Twenty-First Connecticut. Burpee’s wife Adeline caught wind that Thomas had been indulging in drinks with his compatriots and sought to convince him of the dangers of alcohol. He wrote back to her and in a groveling letter, promised that he would no longer drink alcohol except “in cases of absolute need as a medicine.” Thomas promised to abstain from whiskey because he was turned off by the

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<sup>61</sup> Guy C. Taylor to Sarah Taylor, 5 August 1864, in Alderson and Alderson, eds., *Letters Home to Sarah*, 84-85.

<sup>62</sup> J.H. Graham to his Wife, 16 January 1862, United Daughters of the Confederacy Bound Typescripts, Vol. 8, pages: 195-196, Georgia Department of Archives and History, Morrow, Georgia.

<sup>63</sup> John M. Jackson to Joseph Jackson 12 January 1863, John M. Jackson Letters.

behavior of drunken soldiers in camp: “another reason is the outrageous abuses of the use of whiskey which almost daily fall under my notice. Which fill my mind with the most absolute disgust for the evil which induces men to disgrace themselves below the brute level.”<sup>64</sup>

The common soldiers of both armies suspected that Civil War surgeons were the worst drunks in the whole army. Rumors of drunken surgeons busily hacking off arms and legs of wounded soldiers were rife around the campfire and in the tent. Since alcohol was believed to be a stimulant at the time, it was readily available to surgeons for medicinal purposes. Some soldiers fell under the knife of a supposed drunk surgeon and lived to tell about. Napoleon Perkins, an artillerist in the Fifth Maine Battery, was shot in the leg at the Battle of Chancellorsville. He was carried to a plantation house filled with wounded soldiers, and was shortly carried to the operating table. “When my turn came I was taken into the Surgeon’s room and placed upon the amputation table,” Perkins remembered. “The Drs [sic.] were all Germans and I soon saw they had been drinking considerably [sic.]”<sup>65</sup> The surgeons recommended amputation, but Perkins refused. His leg later became infected and he was forced to endure an amputation a few weeks later. It is possible that the surgeons who attempted to amputate Perkins’ leg were in fact drunk. It is also possible that they were laboring under extreme fatigue. During the deadly battles of the war, surgeons were forced to operate for several days straight, with little to no sleep, because there were so many wounded soldiers. People who are laboring under extreme sleep deprivation can often appear like they are drunk, slurring their words and struggling with hand-eye coordination. “Oh, the fatigue and endless work we surgeons have!”

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<sup>64</sup> Thomas Francis Burpee to Adeline Burpee, 10 March 1864, Collection of Thomas Francis Burpee, Gilder Lehrman Institute of American History, New York, New York.

<sup>65</sup> Napoleon B. Perkins, *The Memoirs of N.B. Perkins*, 12, New Hampshire Historical Society, Concord, New Hampshire.

wrote John Gardner Perry to his wife during the Overland Campaign. “About one night in three to sleep in, and then we are so nervous and played out that sleep is impossible.”<sup>66</sup>

It is important to note, however, that most Civil War soldiers did not consciously drink to cope with the horrors of war for the simple reason that the belief that war was psychologically damaging was not even an idea yet. Civil War era medical professionals did not understand that war could be mentally damaging, and neither did Civil War soldiers. However, current psychological and neurological professionals have concluded that people who are diagnosed with trauma related disorders often do turn to alcohol. They do so because the human brain is designed to process memories, even traumatic memories; this cerebral process can be frightening, however, because the brain’s attempt to engage and process trauma produces stress and anxiety, secondary symptoms that can be self-medicated with alcohol. Enough alcohol can force the brain to disengage from a particularly terrifying memory, though the process will begin again when sobriety returns. Civil War soldiers trapped in this alcoholic cycle would not have known that this process was happening to them. Instead, they often interpreted their inability to stop drinking through the self-loathing lens of wickedness. Men caught in the throes of alcoholism often referred to themselves as ruined, or wicked. The blame was centered squarely on self, in keeping with nineteenth century cultural values.

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The self-care strategies catalogued by this chapter—humor, camaraderie, religion, and alcohol—were not always enough to keep a soldier from spiraling into dysfunction. These soldiers who could not cope with the experience of war are the subject of Chapter Three.

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<sup>66</sup> Martha Derby Perry, ed., *Letters from a Civil War Surgeon* (Boston: Little, Brown and Company, 1906), 184.

### CHAPTER 3

#### “Insanity is alarmingly present in the army”

For soldiers who suffered a psychological breakdown, the asylum became their temporary (or sometimes permanent) home. Afraid that shirkers would use mental illness as an excuse to bow out of fighting, the Union army forbade discharges for “insanity,” instead sending “insane” soldiers to St. Elizabeth’s Government Hospital in Washington, D.C., where they would be rehabilitated and returned to the ranks cured. No comparable system existed among the Confederates. Instead, treatment of mentally ill soldiers was on an ad hoc basis. Most insane rebels were often sent to the nearest state insane asylum.

Regardless, on neither side of the Mason Dixon line did professional physicians believe that war could be psychologically damaging. The trauma of war, they believed, was almost purely physical, and even when a soldier presented symptoms of mental exhaustion the doctors typically saw men who were broken down by disease and exposure. Disease, after all, was everywhere, and exposure to the wind, rain, snow and sleet, combined with constant diarrhea and dysentery, could physically break men down. Soldiers themselves often had a different take, believing that the combined stressors of soldiering was leaving them “played out.” Played out was a vague nosological term soldiers used to try to convey the physical, mental and emotional strains of soldiering.

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It was a cold, blustery day in January 1863 when Dr. Pliny Earle made his way to the Government Hospital for the Insane in Washington, D.C. By then Pliny was a famous physician, especially in the budding psychological circle of American alienists.<sup>1</sup> He was medium height, in his forties, with sad puppy dog eyes, and a rather bulbous nose. His forehead was permanently creased with lines from furrowing his brow; he liked to wear clean white shirts, with a vest, and a bowtie, and a heavy black jacket. A native of Leicester, Massachusetts, Earle was the son of Quaker parents with long roots in the United States. Growing up, Pliny had vacillated between the law, journalism, and medicine, and eventually settled on the latter, entering the Friends' Boarding School in Providence. Pliny was not as politically minded as his siblings, but he did arrive in Providence an anti-slavery man. Pliny's brother James, for instance, had hosted the Grimké sisters in 1837 during a lecture tour through the Northeast. "We were much interested in them," James wrote Pliny. "They are very intelligent and capable, and very much devoted to the abolition cause."<sup>2</sup>

Following graduation, Pliny spent some years teaching and traveling through Europe. He, like so many American medical school graduates in the early nineteenth century, went to Paris to study with the French masters. Prior to the nineteenth century, Edinburgh was the premier place for the study of medicine, but by the early nineteenth century, Paris had become the epicenter for radical revolutions in medicine. Following the French Revolution, Paris hospitals were revamped to treat the thousands of former peasants now suffering with the health repercussions of city life in the nineteenth century. Paris reformers also tossed out old religious opposition to post-mortem dissection and analysis. Americans who went to Paris—and thousands made the trip—could

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<sup>1</sup> A note on terminology: I use the terms alienists, psychiatrists and physicians interchangeably. This is because mental health professionals often used them as such.

<sup>2</sup> F. B. Sanborn, ed., *Memoirs of Pliny Earle, M.D.* (Boston: Damrell & Upham, 1898), 12, 22; J.M. Earle to Pliny Earle, 30 November 1837, in *Memoirs of Pliny Earle, M.D.*, 25.

walk with titans of medicine at the time, such as Pierre Louis, Broussais, Magendie, and Ricord. They could see, smell and touch patients, gaining access to bodies to practice treating disease that were often not afforded them back home. They could also get their hands on corpses, an experience nearly impossible in the states. Most did not get a formal degree during their time studying in Paris, but simply having sat through Pierre Louis' lectures, or having followed Jobert on rounds, or dissecting corpses in the morgue, enhanced their reputations tremendously.<sup>3</sup>

It was in Paris that Pliny visited the great asylums for the insane. They were still segregated by sex; men were housed at the Bicêtre and women at the Salpêtrière. Pliny gloried knowing that he was walking in the footsteps of Philippe Pinel or "him who first unchained the maniacs."<sup>4</sup> In the wake of the Revolution, Pinel had emphasized the importance of the emotional causes of insanity, and had practiced careful diagnosis and observation. He had also abolished manacles for nonviolent maniacs. Pinel's reforms became the foundation for what became known as "moral treatment." But what Pliny saw at the Paris hospitals, however, had him convinced that Pinel would have been rolling in his grave. At the Bicêtre, physicians used the "douche for purposes of mental and moral discipline" which to Pliny appeared to be nothing short of "injurious." Patients would be tied up in a tub, and a jet of water from a pipe would stream on his head, and would only be stopped when the patient admitted that he no longer was suffering from some hallucination or anxiety. Pliny saw no benefit from such treatments.<sup>5</sup>

In the spring of 1839, Pliny returned to the states from his European tour, which had taken him through England, France, Greece, Malta and Italy. He settled in Philadelphia and

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<sup>3</sup> John Harley Warner, *Against the Spirit of System: The French Impulse in Nineteenth Century American Medicine* (Princeton: Princeton University Press, 1998), 3-15; John S. Haller, Jr., *American Medicine in Transition, 1840-1910* (Urbana: University of Illinois Press, 1981), 3-8.

<sup>4</sup> Sanborn, ed., *Memoirs of Pliny Earle, M.D.*, 95.

<sup>5</sup> *Ibid.*



began his medical career in the City of Brotherly Love. By 1840, he became a resident at the Friends Hospital in Frankford, Pennsylvania, now part of Philadelphia. A few years later, he became a physician at the wealthy private Bloomingdale Asylum in New York, and by the 1850s, he was a physician at the New York City Lunatic Asylum. He was part of a new wave of so called alienists, who embraced moral treatment of the insane. Alienist was a common nineteenth century term which men like Pliny embraced, because they treated patients who were *alienated* from society.<sup>6</sup>

Now he was standing in front of the Center Building of the Government Hospital for the Insane, colloquially known as St. Elizabeth's. The Center Building was an impressive structure, built with red brick and notched with crenellation, giving it more the look of a castle than an insane asylum. Standing five stories tall, the Center Building was the tallest structure in the asylum, the superintendent's personal pan-opticon, where he could look out upon his patients, and they could look up to him, ideally in reverence but often in fear. Earle quickly combed back the strands of his already thinning hair, adjusted his bowtie, and knocked.

The superintendent, Dr. Charles Nichols, had asked Earle to come on and assist them. Nichols had narrow eyes and a pointy nose, giving him a striking resemblance to a bird. His hair was thinning, but he kept it much shorter than Pliny, who let his billow over his ears like a cumulus cloud. Massive sideburns hung below his jawline and were quickly turning gray, an early indication for what the future held in store for the hair on his head. Nichols was the asylum's first superintendent and largely owed his appointment to Dorothea Dix, who had developed a relationship with Charles early in his career when he was a superintendent of Bloomingdale Asylum (succeeding Pliny Earle). She admired his devotion to the insane, even

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<sup>6</sup> Sanborn, ed., *Memoirs of Pliny Earle, M.D.*, 90-98.

when, and perhaps because, it brought him into conflict with the board of governors of the asylum. When he broke ties with Bloomingdale, she tapped him to become the first superintendent of the Government Hospital of the Insane. Because of her already national reputation, her recommendation held tremendous weight.<sup>7</sup>

In early 1861 Nichols, like many others, saw the impending “war cloud” that was “as big as a man’s hand” on the horizon. On the suggestion of Dorothea Dix, Nichols suggested the annual meeting of the Association of Medical Superintendents of American Institutions for the Insane (AMSAAI) scheduled in Providence, Rhode Island be moved to Washington to “conciliate” the southern members and “stay the insanity...prevailing at the south and so save the Union.”<sup>8</sup> The Army Medical Department had already fractured after many southerners resigned and marched south; Nichols hoped that AMSAAI could avoid a similar fate. On the order of Interior Secretary Caleb Smith, the male staff of the hospital was ordered to take a loyalty oath to the government of the Union. By May, the Justice of the Peace arrived at the hospital and administered the loyalty oath to eighty-five of the ninety employees. “Those who refused to take the oath were five Irish laborers. Four could not be persuaded that it did not obligate them to do military duty; and one refused because he had never been naturalized and intended to return to his native country,” Nichols wrote in May 1861.<sup>9</sup> From the moment it had begun, the war unraveled many men’s—and women’s—minds. Following the first Battle of Bull Run, Confederate newspaper correspondent Peter Alexander reported on the whispers of insanity

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<sup>7</sup> Frank Rives Millikan, “Wards of the Nation: The Making of St. Elizabeths Hospital, 1852-1920” (Dissertation, The George Washington University, 1989), 30.

<sup>8</sup> Winifred Overholser, “An Historical Sketch of Saint Elizabeths Hospital,” *Centennial Papers Saint Elizabeths Hospital, 1855-1955*, Saint Elizabeths Hospital Centennial Commission (Baltimore: Waverly Press, 1956), 8.

<sup>9</sup> *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, May 30, 1861, 430-7.

among the troops. “My physician informs me that he has been called to see a number of patients who were present at the battle,” Alexander wrote, “and whose illness he can ascribe no other cause but that of the great mental and physical excitement under which they labored during the fight.”<sup>10</sup>

How would the army manage such men? Both the Union and the Confederacy had manpower problems. In 1862, the Confederacy instituted the first draft in American history, and the Union followed suit the next year. Naturally, both armies were loath to discharge soldiers for any reasons. The only avenues for enlisted men to receive a discharge were through a court martial or a certificate of disability—a long, drawn out process mired with red tape. If an enlisted man became unfit for duty, the captain would draw up a certificate of disability, give a statement of the case, then get the regimental surgeon to sign it. The certificate of disability would then make its way to the commander of the department, who would, presumably, endorse the certificate, whereupon it would be sent back to the commanding officer for approval. Then, finally, it would be sent to the Adjutant General.<sup>11</sup> Certificates of disability for a debilitating illness or injury were far easier to prove than those for mental illness. The office of the Surgeon-General bluntly stated that “no insane soldier can be discharged the service on Surgeon’s Certificate of Disability.”<sup>12</sup> The Surgeon-General did this, in part, because so many brigade surgeons were discharging insane soldiers and letting them wander off unwatched and uncared for.

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<sup>10</sup> Styple, ed., *Writing and Fighting the Confederate War*, 27.

<sup>11</sup> Lt.-Col. George Patten, *Patten’s Army Manual: Containing Instruction for Officers in the Preparation of Rolls, Returns and Accounts Required of Regimental and Company Commanders, and Pertaining to the Subsistence and Quartermasters’ Departments* (New York: J. W. Fortune, 1862), 213-214.

<sup>12</sup> William Grace, *The Army Surgeon’s Manual: For the Use of Medical Officers, Cadets, Chaplains, and Hospital Stewards* (San Francisco: Norman Publishing, 1992), 155.

Instead of discharging insane soldiers, army officials were persuaded by alienists to send them to asylums for treatment, and then, once rehabilitated, they would be sent back to their regiments. In the asylum, soldiers could receive the rest and care that they needed as the beneficiaries of the new so-called “moral treatment.” Largely codified by AMSAII, moral treatment was built on a foundation established by mental health reformer Phillipe Pinel, whom Pliny Earle had so admired. Pinel reformed Paris’ mental health facilities to provide “pleasant surroundings, kindness, personal attention, entertainment...in short the basic humanities.”<sup>13</sup> St. Elizabeth’s, and most state asylums, sought to realize Pinel’s reforms. Patients health was improved through diet. Those who needed to relax were given opium or morphine. Those who were depressed were given laxatives, baths and tonics. Entertainment such as billiards, newspapers, and lectures were provided. An overall environment of calm serenity was established.<sup>14</sup>

St. Elizabeth’s was the first and only federally funded insane asylum in the United States, and the insane in the Union blue, would now be sent to St. Elizabeth’s. Such as three poor souls,

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<sup>13</sup> Winifred Overholser, “A Historical Sketch of St. Elizabeth’s Hospital,” in *Centennial Papers of Saint Elizabeths Hospital, 1855-1955*, Saint Elizabeths Hospital Centennial Commission (Baltimore: Waverly Press, 1956), 7.

<sup>14</sup> Gerald N. Grob, *The Mad Among Us: A History of the Care of America’s Mentally Ill* (New York: The Free Press, 1994), 58-60; see also: Norman Dain, *Concepts of Insanity in the United States, 1789–1865* (New Brunswick, N.J.: Rutgers University Press, 1964); Richard W. Fox, *So Far Disordered in Mind: Insanity in California, 1870–1930* (Berkeley: University of California Press, 1978); Nancy Tomes, *The Art of Asylum-Keeping: Thomas Story Kirkbride and the Origins of American Psychiatry* (Philadelphia: University of Pennsylvania Press, 1984); David J. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (Glenview: Scott, Foresman, 1971); Ellen Dwyer, *Homes for the Mad: Life inside two Nineteenth Century Asylums* (New Brunswick: Rutgers University Press, 1987); Nancy Tomes, *Madness in America: Cultural and Medical Perceptions of Mental Illness Before 1914* (Ithaca: Cornell University Press, 1995); Peter McCandless, *Moonlight, Magnolias, and Madness: Insanity in South Carolina from the Colonial Period to the Progressive Era* (Chapel Hill: University of North Carolina Press, 1996); Lawrence B. Goodheart, *Mad Yankees: The Hartford Retreat for the Insane and Nineteenth Century Psychiatry* (Amherst: University of Massachusetts, 2003).

who in 1862 were sent to the asylum from Union occupied New Orleans. “I have the honor to report that I have forwarded on the Steamer ‘Catawba,’ under the charge of Capt. Puffer, certain discharged soldiers, three insane men, and three clergymen of the Protestant Episcopal Church,” General Benjamin Butler wrote to Secretary of War Edwin Stanton in October 1862. “The insane men Capt. Puffer will take with him to Washington, and deliver to the ‘Soldiers Insane Asylum.’”<sup>15</sup> By the time the guns were silenced at Appomattox, over 1,500 soldiers became patients at St. Elizabeth’s Hospital.

This, however, does not remotely account for the total number of soldiers who became mentally ill during the war. While in theory, soldiers who had become insane were to be sent to St. Elizabeth’s, in practice, it did not always happen that way. Some were instead sent to state asylums that were closer than Washington to receive treatment. Moreover, especially in the early years of the war, surgeons would routinely discharge insane soldiers and, sadly, leave them to their own devices. By November of 1864, three physicians from New York State Lunatic Asylum were at their wits end and wrote to the Surgeon General about some of the problems that were arising:

“Insane soldiers have been found wandering about the country, in railroad depots and about the streets of cities, with ordinary and sick furloughs, so insane as to be incompetent to provide for their wants, or find their way home. One poor fellow was passed over a long line of railroads, by the conductors, nearly destitute of clothing, and having a card attached to his hat marked ‘Michigan.’ He was left in the depot at Kalamazoo. Another was found in the woods in a helpless state, trying to get home. Another, a Methodist minister, a non-commissioned officer, left the army, in Tennessee, insane, and, at length found his way home in one of the Western States, having on the way lost his baggage, watch and money, and most of his clothing. Another was found

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<sup>15</sup> Benjamin Butler to Edwin Stanton, 25 October 1862, in *Private and Official Correspondence of Gen. Benjamin F. Butler During the Period of the Civil War, Vol. 2* (Springfield: Plimpton Press, 1917), 407.

nude in the streets of a village.”<sup>16</sup>

These physicians pushed the Surgeon-General to issue General Order No. 69, which strictly forbade surgeons from discharging insane soldiers, and instead, ordered them to comply with the aforementioned system. Even with this General Order, there were still mistakes and abuses, and asylum superintendents still encountered cases of “gross neglect and abuse” of insane soldiers, which, they believed, largely stemmed from “the failure of officers to comply with the orders of the War Department.”<sup>17</sup>

Insane Confederate soldiers, as has been mentioned, were to be sent to the closest asylum, where they would hopefully be rehabilitated and then sent back to their respective regiments. There was no national insane asylum for Lee’s soldiers. Unlike St. Elizabeth’s, the records of many southern state asylums are dodgy during the war years. Even before the conflict began, many southern state insane asylums were in trouble. The South Carolina Lunatic Asylum, one of the earliest state asylums in the country, built in Columbia and opened in 1828, was already suffering for funds. Milledgeville Insane Asylum, Georgia’s state institution was a little luckier. Built in the then state capital and opened in 1837, Milledgeville actually saw a brief budget increase in the first year of the war, just before the house of cards came tumbling down. During most of the war, and the postwar years, southern state asylums were continually strapped for cash.<sup>18</sup>

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<sup>16</sup> John P. Gray, E.H. Van Deusen, and William P. Jones, “Instructions from the Surgeon General Respecting Insane Soldiers,” *The American Journal of Insanity* Vol. 21 (Utica: State Lunatic Asylum, 1864), 462-65.

<sup>17</sup> “Minutes of the 18<sup>th</sup> Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane,” *American Journal of Insanity* 4 (July 1864), 150.

<sup>18</sup> Peter McCandless, *Moonlight, Magnolias and Madness: Insanity in South Carolina From the Colonial Period to the Progressive Era* (Chapel Hill: The University of North Carolina Press, 1996), 213; Peter G. Cranford, *But for the Grace of God: The Inside Story of the World’s Largest Insane Asylum Milledgeville!* (Augusta: Great Pyramid Press, 1981), 29.

The South Carolina Lunatic Asylum began taking on cases related to the war almost immediately. In the early years, insane soldiers were just a trickle, while the vast majority of patients were civilians who were, in some way, untethered by the war. One early soldier was nineteen-year-old Thomas Jones, who was sent to the asylum August 19, 1861. The superintendent described Thomas as an “even tempered” and “industrious” fellow, who struck him as rather “much eccentric.” Jones’ relatives had reported that Thomas had been insane “since 21<sup>st</sup> July” and everyone, supposed it was “excitement on the Battlefield” of “Mannassas[sic.]” which drove young Thomas insane.<sup>19</sup>

As Gerald Grob argues, the history of mental illness resists the traditional “single all encompassing thesis” present in many works of history. This is because how psychiatric professionals thought about mental illness was often deeply, deeply conflicted. They believed disease and exposure could cause insanity. They believed immoral behaviors such as masturbation or alcoholism could cause mental illness. They believed that mental illness could be cured through moral treatment, yet they also believed that mental illness was hereditary. Somehow, all these thoughts and ideas existed together tumultuously for several decades before neurologists and eventually psychoanalysts shattered them.<sup>20</sup> Moreover, for most of the nineteenth century medicine was captured by elites. In the South, physicians were doing the work of the planter class, managing slave health and fertility, while doctors in the North were doing the bidding of Uncle Sam, putting all their work into making men well enough to be soldiers again.

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<sup>19</sup> Thomas Jones Case Notes, 19 August 1861, Physicians Record Book, South Carolina Lunatic Asylum Records, South Carolina State Archives, Columbia, South Carolina.

<sup>20</sup> Grob, *The Mad Among Us*, 56-65.

Psychiatry was an infant discipline in the United States at the outbreak of the Civil War, barely professionalized in 1844 when thirteen asylum superintendents met in Philadelphia and organized the Association of Medical Superintendents of American Institutions for the Insane (AMSAII). They largely called themselves alienists because they treated people alienated from society, but they also called themselves psychologists and physicians. These alienists were grasping to comprehend forces that shaped human lives but that evaded their understanding, much like astrophysicists are grasping to understand the dark matter that is shaping our universe. “Insanity is a natural fact,” wrote one asylum superintendent in the fall of 1864, “its existence and its moral consequences are beyond our power, above our prejudices, and independent of our will and decisions.”<sup>21</sup> In essence, many asylum superintendents acknowledged that they had a limited understanding of mental illness, and even less of the human mind.

Largely, these early psychiatrists believed that mental illness resulted from two general causes. The first was physical. These could include a blow to the head, a disordered stomach, lesions on the spinal cord or brain, exposure to extreme weather, a serious illness and many others. The second cause was moral. Moral causes were less well known or understood, but were thought to include: intemperance, masturbation, overwork, domestic difficulties, excessive ambition, personal disappointment, excessive religious enthusiasm, as well as overweening jealousy or pride. “Causes differ widely,” wrote the superintendent of the Southern Ohio Lunatic Asylum in one of his annual reports, “some belong to the class of physical forces, whose action

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<sup>21</sup> Dr. J. Parigot, “Legislation on Lunacy,” *American Journal of Insanity* Vol. 2 (October 1864), 203.



upon the body is known and cognizable; others to moral forces, whose operation upon the body is not so well ascertained.”<sup>22</sup>

Moreover, most superintendents believed that when left uncontrolled, moral causes could become hereditary. If a patient refused to stop drinking, masturbating, or controlling their ambition or pride, these dangerous actions or thoughts could be passed on the next generation. The sins of the father could literally be passed on to the son. “There can be no question, that those who disregard the moral laws and the laws of nature, are not only more liable themselves to insanity, but also transmit this liability to their descendants,” wrote the superintendent of the Massachusetts Hospital. “The parent who indulges in the excessive use of poisonous substances, or who gives way to enervating or debilitating indulgences, even if not made insane himself, is exceedingly liable to pay the penalty of his transgression in witnessing the...awful maniacal paroxysms of his child.”<sup>23</sup>

This was the world of understanding into which soldiers like Thomas Jones wandered after Bull Run. John G. Hildt joined Company K in the First Michigan Volunteers. He was with the regiment when it fought at Gaines Mill, where he received a gunshot wound to his left arm. Surgeons amputated his left arm above the elbow, which, according to an examining surgeon, “so affected his nervous system, so as to make him insane.”<sup>24</sup> He was admitted to St. Elizabeth’s in December of 1862, where he remained until his death in 1911. Hildt was described as suffering from “excessive nervousness” and prone to become easily “upset and excited.”<sup>25</sup>

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<sup>22</sup> “Reports of American Asylums,” *American Journal of Insanity* 3 (January 1865), 427-28; Grob, *The Mad Among Us*, 58-60.

<sup>23</sup> “Reports of American Asylums,” *American Journal of Insanity* 2 (October 1864), 235.

<sup>24</sup> Soldier’s Certificate No. 671660, Private John G. Hildt, Company K, 1<sup>st</sup> Michigan Volunteer Infantry; Record Group 15; Nation Archives, Washington, D.C.

<sup>25</sup> John G. Hildt Case Notes, 29 November 1913, Case 779, Box 62, Records of St. Elizabeth’s Hospital.

As the war escalated, asylums were inundated with new cases, most of them from the military. St. Elizabeth's admitted just 95 patients the year before the war began. In 1862, the hospital admitted 212 patients, two-thirds of whom were soldiers from the army. In 1863, the hospital was overwhelmed with more than 357 patients, most of whom were soldiers.<sup>26</sup>

Surely the war had something to do with this influx of insanity cases? Surprisingly, nearly all asylum superintendents resoundingly agreed that the war was not to blame. "It should not be inferred that the war has been a prolific moral cause of insanity," wrote superintendent, Dr. Charles Nichols, "either among the men of the land and naval forces waging hostilities against the common enemy, or among civilians of either sex or of any class."<sup>27</sup> Dr. James Rodman, superintendent of Western State Asylum in Kentucky, also agreed: "I have often been asked the question if the war and its incident troubles have added to the frequency of insanity. I was one of those who feared, particularly in the more disturbed sections of the country, that they would add largely to the insane...[S]ince my connection with the Asylum, there has been received but one patient whose disease could be attributed to this source."<sup>28</sup>

On the contrary, many of the nation's alienists claimed that the war would have an enlivening effect upon the physical and mental constitution of citizen-soldiers. Writing to the trustees of the Maine Insane Hospital in 1863, the superintendent, Dr. Harlow, marveled at how few admissions there had been since the war began. "There were fewer admissions to the Maine Hospital in 1862 and 1863 than during any equal period for ten years previous," he wrote. Dr. Harlow argued that Maine citizens had found a distraction from mental illness "in the new and unusual occupation which has so thoroughly possessed the American mind since 1861" and in

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<sup>26</sup> "Reports of American Asylums," *American Journal of Insanity* 3 (January 1865), 425; Millikan, "Wards of the Nation," 77.

<sup>27</sup> Ibid.

<sup>28</sup> "Report of American Asylums," *American Journal of Insanity* 4 (April 1864), 570.

the awakening of “that wholesome principle in man, the love of country.”<sup>29</sup> Patriotism and service for one’s country could actually be a balm against mental illness, helping to distract people from their issues and problems. One alienist went so far as to suggest that those loyal to the cause were less likely to suffer mental breakdowns than those who were disloyal. “Referring to the character of the struggle itself,” one superintendent wrote, “we find the loyal mind deriving an incalculable moral support from a universal sense of the entire justness of the national cause, and an equally prevalent faith in its ultimate and complete triumph.”<sup>30</sup>

To be sure there were other physicians who noticed a flood tide of new patients during the war, but they traced most of these cases of insanity to disease; it became *the* factor for many of them. Disease was *the* major killer of men during the war, so it made a certain sense that any mental derangement might have had its origins in an organic disease. Soldiers were far more likely to die at the hands of measles or mumps than a minié ball. More than two-thirds of those who died, died in a hospital not on the battlefield. Historian George Worthington Adams estimated that Union physicians treated close to six million cases of disease and illness, compared to four hundred thousand cases of gunshot wounds. Simply put, disease was everywhere during the war, which seemed to explain the rise of mental illness during the war.<sup>31</sup> “Each year demonstrates, more and more conclusively,” wrote Dr. John P. Gray, superintendent of Utica Asylum, “that the true pathology of mental disorders is to be sought in physical

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<sup>29</sup> “Report of the Trustees of the Maine Insane Hospital,” *American Journal of Insanity* 2 (October 1864), 229.

<sup>30</sup> “Report of American Asylums,” *American Journal of Insanity* 3 (January 1865), 427.

<sup>31</sup> Grob, *The Mad Among Us*, 56-62; George Worthington Adams, *Doctors in Blue: The Medical History of the Union Army in the Civil War* (Ann Arbor: The University of Michigan Press, 1952), 194.

enfeeblement. That the disease is dependent on conditions of more or less exhaustion of the vital forces.”<sup>32</sup>

Take the cases of insane Confederate soldiers. In June 1863, A.A. Ellenwood was committed to the South Carolina Lunatic Asylum. A nineteen-year-old printer before the war, he was sent from his regiment to the asylum in a “restless” and “declining” condition. Ellenwood’s comrades believed the young soldier had become insane due to “excitement of the battle field” but Dr. John Parker, the superintendent, disagreed, arguing Ellenwood “had mumps last July” and “showed symptoms of insanity” shortly thereafter.<sup>33</sup>

In November, the same asylum admitted W.H. Strains, a twenty-eight-year-old Confederate soldier, who was found “wandering sleepless & noisy” and in a condition that was “growing worse” which Dr. Parker believed was caused by “effects of jaundice” which Strains had suffered with during his time in the gray and butternut.<sup>34</sup> Another such soldier was S. Haly Wilson, who entered the asylum on 7 July 1862. Wilson was described as “cheerful & industrious” and possessing a “good constitution” with “no bodily ailment.” However, his mind had become unhinged supposedly from when he was “sick in the army” and solace constantly evaded him. He was described as “restless & sleepless” and afflicted with an inability to “fix his mind on anything” and these symptoms were “growing worse.”<sup>35</sup> Virtually all soldiers had suffered some sort of camp disease during their stints as soldiers, which made it easier for alienists to connect their insanity to earlier bouts of illness.

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<sup>32</sup> “Reports of American Asylums,” *American Journal of Insanity* 2 (October 1864), 244.

<sup>33</sup> A.A. Ellenwood Case Notes, 22 June 1863, Physicians Record Book, South Carolina Lunatic Asylum Records, South Carolina State Archives, Columbia, South Carolina.

<sup>34</sup> W.H. Strains Case Notes, 5 November 1863, Physicians Record Book, South Carolina Lunatic Asylum Records, South Carolina State Archives, Columbia, South Carolina.

<sup>35</sup> S. Haly Wilson Case Notes, 7 July 1862, Physicians Record Book, South Carolina Lunatic Asylum Records, South Carolina State Archives, Columbia, South Carolina.

While disease was seen as largely *the* main factor, alienist nosology was a sea of ideas. “Hereditary tendencies” were also allowed to be a possible cause of insanity. Take for instance, John N. Williams, who had left his studies “when the war broke out” and became a Confederate soldier. Williams contracted “typhoid fever” in 1862, and then fought a protracted battle with “chronic diarrhoea[sic.]” which left him much “reduced” and “anaemic[sic.]” During the winter of 1862-63, Williams “was very sad” but the regimental physician “feared phthisis rather than insanity.” Phthisis was a term commonly used for tuberculosis, and denoted a wasting disease. Williams was admitted to Western State Asylum, in Staunton, Virginia on the 22<sup>nd</sup> of May 1863 “sleep deficient” and suffering from “considerable excitement.” Dr. Francis T. Stribling, the asylum superintendent, believed that Williams had been broken down from disease in tandem with “melancholia” which ran in his family.<sup>36</sup>

A third cause of insanity was “a long succession of debaucheries”—code for alcoholism, masturbation, and lewd sexual behavior. Such proclivities were believed to violate the laws of behavior, and mental health professionals believed they could literally lead to insanity. Take for example, Thomas Lynch. Lynch, a private in the First DC Volunteers, was first admitted to St. Elizabeth’s in May 1863, after his discharge from the army suffering under “acute mania.” He was discharged after improving but returned in August. The First DC Volunteers had protected the capital before being sent to fight Stonewall Jackson at Harper’s Ferry, the Shenandoah Valley, and Second Bull Run. Lynch was a heavy drinker, being described as “intemperate” and suffering with “delusions and hallucinations,” and it was his drinking that was supposed to have

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<sup>36</sup> John N. Williams Case Notes, 556, Series IV, Patient Records, Subseries C, Case Books, Case Book 2, Volume 1, Male Patients, 1858-1869, Western State Hospital Records, Library of Virginia, Richmond, Virginia.

caused his insanity.<sup>37</sup> Take also William E. Harrison, a thirty-one-year-old lieutenant in the Confederate Engineer Corps, who before the war was a civil engineer. One day Harrison went on a debauch in which he “drank very freely” but then began to become suspicious. He “imagined the liquor had been drugged” and quickly got his hands on a pistol and “sought the person who had drugged it.” On another trip to Richmond, Harrison went on “another spree” and got beastly drunk but quickly devolved into “evident insanity.”<sup>38</sup>

While alienists remained steadfast in their belief that disease was to blame for the new and frightening cases of insanity, other health care workers were beginning to think otherwise. Female nurses, for instance, were among the first to suspect that *the war* was causing at least some of the mental illness they were seeing in their wards. In December of 1862, Harriet Eaton was near Fredericksburg, tending to the wounded soldiers from her home state of Maine. Over the course of a few days she split her time between the “Thrashley House” and “Tent Hospital” where there were “about four hundred sick and wounded men.” Between the time she spent preparing beef soups and milk punch, she wandered through some of the tents where wounded and sick soldiers from the Pine Tree State were convalescing. “Oh ‘tis sad to see so many of our brave men crippled for life by this horrid war,” she wrote to a friend. “Not the body alone is crippled, but the mind too, in many cases is but a wreck.”<sup>39</sup> Unlike her male counterparts, Eaton did not see much difference between the physically mutilated soldiers, and the psychologically damaged one. To her logic, both were sad wrecks of war, forever ruined by it.

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<sup>37</sup> Thomas Lynch Case Notes Summary, 2 February 1912, Case 1328, Thomas Lynch, Records of St. Elizabeth’s Hospital.

<sup>38</sup> William E. Harrison Case Notes, 547, Series IV, Patient Records, Subseries C, Case Books, Case Book 2, Volume 1, Male Patients, 1858-1869, Western State Hospital Records.

<sup>39</sup> Harriet Eaton to Mrs. Bosworth, 22 December 1862, in Jane E. Schultz, ed., *This Birth Place of Souls: The Civil War Nursing Diary of Harriet Eaton* (New York: Oxford University Press, 2011), 211.

While working in a hospital in Georgetown, Louisa May Alcott noticed that when the soldiers slept, their visages grew increasingly changed, trapped in dreams of war. “Some grew stern and grim, the men evidently dreaming of war,” Alcott wrote, “as they gave orders, groaned over their wounds, or damned the rebels vigorously.” Other soldiers were more seriously affected by their experience. One patient, a “New Jersey boy” was received into Alcott’s care with a wound to the knee, but she noticed “his mind had suffered more than his body.” Alcott believed that the “delicate machine” was “over strained” and this was evidenced in the fact that for days under her care, the boy was “reliving, in imagination, the scenes he could not forget, till his distress broke out in incoherent ravings.” Alcott believed that the “New Jersey boy” had become “crazed by the horrors” of Fredericksburg, the experiences of the battle had been too much for his mind to bear. Alcott took the logic of Eaton to the extreme, as she believed the horrors of battle alone had unhinged the mind of the New Jersey boy in her ward.<sup>40</sup>

Nurses like Alcott may have been closer to the truth than they realized. We can never know for sure because we cannot send a psychiatrist back in time, but it is plausible that Civil War soldiers could have suffered from battle fatigue—a result of a variety of stressors—physiological, mental, and emotional—which can upset or destroy a soldier’s psychological health. Currently, the United States Army works from the assumption that combat stress is a natural part of war and the life of a soldier and breaks responses into positive and negative. Positive, or adaptive responses to combat stress include unit cohesion, loyalty to comrades and leaders, alertness, vigilance, sense of purpose and increased faith. Negative, or dysfunctional responses can lead to battle fatigue, whose symptoms include: excessive fear, anxiety, irritability, anger, rage, loss of confidence and hope, terror, erratic actions, depression, insomnia and

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<sup>40</sup> Bessie Z. Jones, ed., *Hospital Sketches by Louisa May Alcott* (Cambridge: Harvard University Press, 1960), 49, 51.

delusions. Of course, no one in the nineteenth century had any idea about combat stress or battle fatigue, in a clinical sense. Hard lessons learned in the twentieth century during the world wars, taught clinicians about combat stress and battle fatigue.<sup>41</sup>

Pliny Earle joined St. Elizabeth's in 1863, just as the numbers of insane soldiers were threatening to consume the hospital like a torrential flood. Earle had visited the hospital in 1856, just a year after it had opened its doors. "It was but a small building," he remembered, "with about 30 patients." Now, he looked upon a "great establishment" characterized by "three nearly distinct hospitals." One was for the insane, another was for the sick and wounded of the army, and the third was for the disabled men of the navy. On the 15<sup>th</sup> of January, 1863, Dr. Charles Nichols gave Earle "charge of the west wing of the chief hospital building" which housed "175 insane men, about 20 of whom (all from the army) have been admitted in the twelve days since I took charge."<sup>42</sup> Pliny quickly fell into a professional routine that incorporated his commitment to moral treatment. His goal was to provide patients not only with medicine, but with a peaceful yet stimulating environment. He described his daily routine:

"Breakfast, a walk through the wards of the women's department, the preparation of medicine for my patients, a look at the morning newspaper, lunch, sometimes with visitors, as formerly, the reading of medical books or insanity statistics, perhaps a game of billiards with one of the men patients, then dinner at five, and an evening occupation varying between lectures (to patients), reading, and a second visit to my wards-such is the sum of my existence."<sup>43</sup>

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<sup>41</sup> Department of the Army, *U.S. Army Combat Stress Control Handbook* (Guilford: Lyons Press, 2003), 1-4; William C. Menninger, "Psychiatry and the War," *Atlantic Monthly* 176 (November 1945): 110-114; Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (New York: John Wiley & Sons, 1997), 154-181; Department of the Army, *U.S. Army Combat Stress Control Handbook*, 7; E.B. Sledge, *With the Old Breed: At Peleliu and Okinawa* (New York: Oxford University Press, 1990), 264.

<sup>42</sup> Sanborn, ed., *Memoirs of Pliny Earle, M.D.*, 241.

<sup>43</sup> *Ibid.*, 254.



In addition to his professional duties, Pliny was thrust into the very center of Washington society and politics. Shortly after his arrival, General Joseph Hooker arrived in Washington and dined with the physicians of St. Elizabeth. He had convalesced at the hospital after a gunshot wound to his foot during the Battle of Antietam, after which he frequently visited anytime he was in the Capitol. Earle astutely recognized the political environment of Washington at that moment in the spring of 1863. “I am in a strong anti-McClellan and pro-Hooker atmosphere,” he wrote, “and this, together with a slight acquaintance with Hooker, may have unfitted me to judge impartially.” Everyone was fatigued of McClellan, after a year of continual foot dragging and indecisiveness, and desperate for somebody new, and Hooker was somebody new. “He means to fight, and does not mean to have any officer under him who will not fight,” Earle wrote.<sup>44</sup> Not long after his meeting with Hooker, Pliny was invited to the White House for a *soiree*. There he met Mary Lincoln, who impressed him, despite his tepid opinion of her looks. “I thought her homely, and, in fact, she can lay no claim to beauty,” he wrote, “but she is a better-looking woman and did this reception better than either Mrs. President Polk or Mrs. Pierce.”<sup>45</sup> He also occasionally visited the Capitol to listen to speeches and watch the political drama unfold. During his visits there, he saw most of the major movers and shakers, including Abraham Lincoln who struck Earle as “no fatter nor handsomer than usual,” William Seward, who Earle thought “looked old and worn,” and Salmon P. Chase, who Earle believed “fat, good-humored, and hearty, just like his face on the dollar greenbacks.”<sup>46</sup>

Patients continued to stream into the hospital during 1863. On March 1<sup>st</sup>, for instance, Pliny wrote: “15 more insane patients have come in; and, of the whole 60, 57 have come into my

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<sup>44</sup> Sanborn, ed., *Memoirs of Pliny Earle, M.D.*, 244.

<sup>45</sup> *Ibid.*, 249.

<sup>46</sup> *Ibid.*, 252.

department.” One patient was a “fine young man” from a Connecticut regiment, with “three of this toes so badly frozen that they are likely to slough off, unless amputated.” He was clearly insane, “so much bewildered” that when he saw his wife, who came down from Connecticut to see him, he surprised her by exclaiming “it was only a week since he had seen her” but in reality it had been 2 years. Physicians at the hospital that sent him to St. Elizabeth’s believed he was feigning insanity to avoid battle, but Pliny disagreed, writing: “one minute’s observation by a person of experience with the insane would prove that he is not feigning.”<sup>47</sup>

The war not only continued, it got progressively worse. In 1863, soldiers fought terrible battles at Chancellorsville, Gettysburg and Chickamauga. More and more soldiers began to pour into insane asylums across the country. In 1863, St. Elizabeth’s had 357 patients in its wards, the majority of whom were soldiers.<sup>48</sup> In 1864, the situation grew more desperate. Ulysses S. Grant began his Overland Campaign in the spring, and the number of patients in St. Elizabeth’s had ballooned to over 569.<sup>49</sup> Dr. Charles Nichols in his annual report of 1864 wrote:

“The department will learn with interest, we doubt not, that the number of the insane received into his hospital during the year under review, was greater than the greatest number ever received in the course of any one year by any other one institution on this continent; also, that owing to the immense armies and very large naval forces with which the war has been and still is prosecuted, and the specific sources from which our patients are mainly derived, a larger proportion of the cases received were affected with acute forms both of mental derangement and of idiopathic bodily disease than were every before, in the course of one year, admitted into any one establishment on the globe.”<sup>50</sup>

Pliny Earle had briefly left St. Elizabeth’s, returning to Leicester for the summer of 1863, and then he was chosen Professor of Psychologic Medicine at the Berkshire Medical Institute, before he returned to St. Elizabeth’s for the remainder of the war. His duties were much

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<sup>47</sup> Sanborn, ed., *Memoirs of Pliny Earle, M.D.*, 247.

<sup>48</sup> “Reports of American Asylums,” *American Journal of Insanity* 3 (January 1865), 425.

<sup>49</sup> *Ibid.*

<sup>50</sup> *Ibid.*

increased upon his return to the hospital. “The number of insane soldiers much increases here,” he wrote, “in spite of the public assertion of Rev. Dr. Bellows, of the Sanitary Commission, that no man in the Union army had become insane since the beginning of the war.”<sup>51</sup> Instead, Earle had charge of a steady influx of patients from the armed forces. Since the new year “upwards of 40 had been admitted” to the hospital, in addition to “27 who all came at once, each under charge of another soldier, from General Grant’s army.” By the end of January 1864 “more than 70 had been received in twenty seven days” which blew 1863 out of the water, as admissions had only averaged “6 a week.”<sup>52</sup>

The patients themselves were also qualitatively different, more violent and disturbed. Lucas Hoffman, a private in the Eleventh and then the Ninetieth Pennsylvania Volunteers, was admitted to the Army General Hospital in Baltimore in February 1864 acting “very delirious.” Both regiments had seen hard service in the war, from Bull Run to Gettysburg. Nurses had a terrible time with Hoffman, especially when he would “get out of bed and endeavor to leave the room, and on being prevented from so doing would get perfectly furious striking right and left and requiring several men to manage him.” On one occasion he knocked down a female nurse “who had been exceedingly kind and attentive to him.” Hoffman vacillated between being “comparatively rational” and “as insane as ever.”<sup>53</sup> He was admitted to St. Elizabeth’s that month, suffering with “melancholia.” Hoffman was described as being “disoriented” and suffering from “delusions.”<sup>54</sup>

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<sup>51</sup> Sanborn, ed., *Memoirs of Pliny Earle, M.D.*, 257.

<sup>52</sup> *Ibid.*, 257.

<sup>53</sup> US Army General Hospital, 27 February 1864, Case 1280, Lucas Hoffman, Records of St. Elizabeth’s Hospital.

<sup>54</sup> Lucas Hoffman Case Notes, 12 October 1907, Case 1280, Lucas Hoffman, Records of St. Elizabeths Hospital.

The intensity and destruction of the campaigns during the years of 1863 and 1864 certainly contributed to the increased numbers of insane soldiers. In July of 1864, Dr. John Parker scribbled notes on the case of George Addison, a thirty-eight-year-old South Carolinian who before the war was a merchant. Now, Addison was a patient at the South Carolina Lunatic Asylum. Parker described Addison as “restless, talkative” and “destructive” and growing worse. Parker thought Addison’s condition stemmed from mainly from “ill health” but also “excitement of the war” and “opposition to conscription.”<sup>55</sup> Then there was W. Granville Gray, who was admitted to Western State Asylum in Virginia on the 11<sup>th</sup> of October 1863. Gray was a former “merchant in Richmond” who joined the Confederate army when the war broke out and served as a Lieutenant. Near Montgomery, Alabama, Gray’s “mind was discovered to be affected” and he was put on a steamer to be sent to an asylum. His propensity for violence, which was useful in the war, became uncontrollable in civilian society and he “shot and killed a negro man on board” the steamer. Apparently, no punishment was levied against Gray, who had no remorse, telling Dr. Francis Stribling: “in the same circumstances he would do the same thing.” When he arrived at Western State Asylum, Gray was suffering with “restlessness” “impatience” and “a quick temper, over which he has little control.”<sup>56</sup> Back in Satterlee Hospital outside of Philadelphia, in October of 1864, Hodge diagnosed George Birnil, a private in the Second Pennsylvania Regiment as suffering from “insanity.”<sup>57</sup> Hodge wrote that Birnil “left the hospital at Alexandria and was found in the streets of Washington [with] a low muttering delirium. At times he has been violent. He is not rational.”<sup>58</sup> Whoever these men were before the war, they were now

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<sup>55</sup> George Addison Case Notes, 28 July 1864, Physician’s Record Book, South Carolina Lunatic Asylum Records.

<sup>56</sup> W. Granville Gray Case Notes, 583, Western State Hospital Records.

<sup>57</sup> Hugh Lenox Hodge Case Notes, 25 October 1864.

<sup>58</sup> Ibid.

unhinged.

Doctors' assurances aside, worried civilians began to take notice of the rising tide of mental illness among soldiers. One Kentucky newspaper noted that "insanity is alarmingly present in the army" (a phenomenon they believed was "induced by exposure").<sup>59</sup> In 1864, the *Richmond Daily Dispatch* reprinted a story from New Orleans in which physicians of the Crescent City were shocked by "an alarming increase in insanity" that had occurred during the year, and that "scarcely a day passes" when a person was not "charged with being insane."<sup>60</sup>

In contrast to physicians, soldiers did some capable work diagnosing the tide of insanity rising in their ranks, clutching at language that would translate the holistic experience of soldiering through trauma. How soldiers described mental illness highlights the tensions between physicians' push for "diagnostic specificity" and soldiers' attempts to communicate a more holistic sense of how they felt or how their buddies seemed to be and behave.<sup>61</sup> The terms most used by soldiers were "played out" and "broke down." The sweeping and suggestive phrases that soldiers employed were meant to convey the physical and psychological assaults of soldiering, and how soldiers understood this could affect their comrades. George Hare was a New York native who volunteered late in the war with the Ninety-Third New York Infantry. While on guard duty at Camp Parole, Hare suffered a psychological breakdown, which physicians diagnosed as chronic mania suffered from the effects of a sunstroke. Alexander McAlaney, George's comrade in the Ninety-Third New York Infantry, remembered that George's "mind seemed affected" and

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<sup>59</sup> *The Dollar Weekly Bulletin* (Maysville, KY), 4 February 1864.

<sup>60</sup> *Richmond Daily Dispatch* (Richmond, VA), 22 April 1864.

<sup>61</sup> Ashley Bowen-Murphy, "Broke Down Bodies, Broke Down Minds: Using Emotions and Medical History to Understand General Ill Health in Civil War Veterans," American Historical Association Annual Conference Presentation, Atlanta, Georgia.

after the incident George “shuned[sic.] his former charms and was morose and melancholy.”<sup>62</sup> Hare’s friends and fellow soldiers, however, opted for the more sweeping language of soldier nosology, which adequately described the physiological and psychological pressures of the war. George’s brother John S. Hare remembered that “George was broken down in body and mind and unable to do much work” after he came home from the war.<sup>63</sup>

Soldier nosology of “broken down” or “played out” rejected specificity in favor of holistic explanations of psychological breakdowns. Though soldiers were unsure of the exact causation, they generally rejected physicians’ notions of disease, heredity, or debauchery as causing insanity and focused instead on the stresses of soldier life. Indeed, soldiers often endeavored to protect fellow comrades whom they judged brave but victims of being broke down. Often comrades created unofficial channels, such as reduced service within the company working as a cook or a guard, to avoid combat as well as the ignominy of court martial or commitment to an asylum. Following George Hare’s psychological breakdown, the captain of his company, John W. Crump arranged for Hare to remain in the company but he was no longer a soldier. “Hare never performed duty as a soldier again,” Crump remembered, “but remained with the detachment in policing and cleaning the barracks drawing water helping the cooks.”<sup>64</sup>

Officers endeavored to protect each other as well. As Carol Reardon has written, military theorists often ignored the “human element of war” when planning their campaigns.<sup>65</sup> They

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<sup>62</sup> Alexander McAlaney Deposition, 8 May 1888, in Soldier's Certificate No. 396413, Private George Hare, Company I, 93<sup>rd</sup> New York Volunteer Infantry, Record Group 15, National Archives, Washington, D.C.

<sup>63</sup> John S. Hare Deposition, 20 March 1888, in Soldiers Certificate No. 396413, Private George Hare.

<sup>64</sup> John W. Crump deposition, 7 June 1884; 4 February 1888, Soldier's Certificate No. 396413, Private George Hare.

<sup>65</sup> Carol Reardon, *With a Sword in One Hand & Jomini in the Other: The Problem of Military Thought in the Civil War North* (Chapel Hill: University of North Carolina Press, 2012), 89.

never expected or planned for the physical and mental limitations of their soldiers. This was especially the case with Ulysses S. Grant's Overland Campaign. Grant planned a coordinated assault on multiple fronts that would put continuous pressure on the military and civilian resources of the Confederacy, and grind the rebellion to a halt. Grant, however, ignored how his soldiers would bear up under the brunt of the campaign. As the two armies, the Union Army of the Potomac and the Confederate Army of Northern Virginia, ravaged each other across the densely wooded Virginia terrain, more and more Union soldiers began to drop out, physically and mentally destroyed. Rufus Dawes, who was later an Ohio congressman and brevet brigadier general, remembered his time on the Fifth Army Corps examining board, which was created to "weed out incompetent and cowardly officers" from the ranks.<sup>66</sup> Dawes recalled:

"During this unexampled campaign of sixty continuous days, the excitement, exhaustion, hard work and loss of sleep broke down great numbers of men who had received no wounds in battle. Some who began the campaign with zealous and eager bravery, ended it with nervous and feverish apprehension of danger in the ascendancy. Brave men were shielded if their records on other occasions justified another trial, which ordinarily ended well, but cowards met no mercy."<sup>67</sup>

Dawes remembrance of his time in the Fifth Army Corps examining board demonstrates that officers as well as enlisted men regularly employed the soldier nosology of broken down. Dawes believed, as many other soldiers believed, that the holistic strains of the campaign could lead to breakdowns. Dawes also demonstrated that officers protected each other. With so many officers breaking down during the Overland Campaign, Dawes and other board members attempted to protect otherwise courageous officers who had been "broke down" by soldier life.

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<sup>66</sup> Rufus Robinson Dawes, *Service with the Sixth Wisconsin Volunteers* (Marietta: E.R. Alderman & Sons, 1890), 299.

<sup>67</sup> *Ibid.*, 299.

While the vast majority of soldiers believed that comrades who were incapacitated by invisible injuries were broken down or played out by their experience in the war, sometimes, soldiers also believed that their comrades had been so frightened they became insane. Many soldiers believed that an experience could be so terrifying, it could unnerve a man and leave him emotionally and psychologically changed. Again, as with “broke down,” this soldier nosology rejected specificity in favor of sweeping language. Soldiers were often not sure what exactly constituted an event that was so frightening that it could unnerve a man. But it did not matter. Terror and fright constituted an aspect of the soldier experience which they sought to translate into diagnostic reasoning.

In 1863 Aaron Gaw was drafted, forced to leave his wife and home in Port Clinton, Ohio and join the ranks of the 139<sup>th</sup> Infantry as a private. He and the regiment were sent to Point Lookout in Maryland where they were detailed as pickets and guards. Sometime in August 1864, Aaron Gaw became incapacitated and eventually was declared insane and discharged. Friends remembered that Aaron had left for the war as “a perfectly sane man” and returned “very strange and eccentric.”<sup>68</sup> He was described as “dazed, taciturn, confused and irritable” when he came home, which grew worse as time went on.<sup>69</sup> Physicians believed that Aaron had been “disabled by being attacked with some kind of fever[sic.] causing insanity” which culminated in his discharge and eventual commitment to an asylum.<sup>70</sup> His comrades in the 139<sup>th</sup> Ohio Infantry, however, believed that Aaron had been deeply unsettled by a frightening experience. J.A. Jenney, who served with Gaw in Company K, remembered: “on or about the night of July 18<sup>th</sup>,

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<sup>68</sup> Aaron M. Gaw Claim for an Invalid Pension, 18 June 1868, in Soldiers Certificate No. 91635, Private Aaron M. Gaw, Company K, 139<sup>th</sup> Ohio Volunteer Infantry, Civil War and Later Pension Files; Records of the Department of Veterans Affairs; Record Group 15; National Archives Building, Washington, D.C.

<sup>69</sup> Surgeon’s Certificate, 23 September 1876, in Soldiers Certificate No. 91635.

<sup>70</sup> Aaron M. Gaw Claim for an Invalid Pension, 18 June 1868.



1864 while on guard the said Gaw became suddenly surprised and scared which so affected him he had to be relieved of Guard duty and showed signs of insanity from that time on up to the time of his discharge.”<sup>71</sup> The tension between the two recollections rests on the medical desire to classify and establish causation, while the soldier remembrance stresses sweeping language that sought to capture some aspect of the soldier experience.

Occasionally, soldiers self-narrated their experience of witnessing a frightening event and then collapsing from the shock. A native of Germany, Louis Beckhardt stepped off the deck of a ship onto the bustling docks of New York City in March 1863. He spent a few months with a cousin in the East Village on Thirteenth Street, and was probably in the city when mobs of angry Irishmen brought the city to its knees during the Draft Riots. Sometime in the fall, he moved to Philadelphia and stayed with an uncle on Marshall Street. Having a difficult time finding work, by the summer of 1864 he was living in Bridgeport, Connecticut where he decided to volunteer for a stint in the army. He enlisted as Albert Frank because he apparently “did not want...relations” especially his mother “to know I was in the army.”<sup>72</sup> He was sent first to New Haven, then to camp outside of Petersburg, where he joined Company B in the Eighth Connecticut Infantry. Shortly after his arrival, the regiment marched to Bermuda Hundred.

The regiment arrived and began digging entrenchments in the humid Virginia heat. At some point Louis sat down to enjoy his break, and his “mess-mate” dropped down next to Beckhardt, swatting at the numerous flies that harangued them. Louis opened his canteen hanging around his neck and took a deep draught, the water—though lukewarm—was still refreshing. Louis’ friend asked him “for a drink” so Beckhardt leaned over and handed him his

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<sup>71</sup> Aaron M. Gaw Claim for the Invalid Pension, 6 June 1869, in Soldiers Certificate No. 91635.

<sup>72</sup> Louis Beckhardt aka Albert Frank Deposition, 7 June 1884, in Soldier’s Certificate No. 287554, Private Albert Frank, Company B, 8<sup>th</sup> Connecticut Volunteer Infantry, Record Group 15, National Archives, Washington, D.C.

canteen, keeping the strap around his neck.<sup>73</sup> Suddenly, the Confederates sent a “feeler” towards them. Louis “heard the whizzing before” he “saw the shell” but it was so fast, milliseconds, that he had no time to react.<sup>74</sup> The shell was not meant for him but instead struck his comrade drinking from his canteen and “cut his head off and splattered his brains and blood all over” Beckhardt’s “left shoulder and arm.”<sup>75</sup> The canteen dropped, pulling at the strap around Louis’ neck. Though he was stunned, and covered in gore, Louis was unhurt. Beckhardt and his comrades buried what remained of their slain compatriot, and Louis later remembered: “we sat there after that man was buried, and it must have been that same night I lost my senses for I cannot remember sunrise of the next morning.”<sup>76</sup> Louis Beckhardt probably endured something like a psychotic break, losing a chunk of time in his memory. “There is something dark in my mind,” Beckhardt later remembered, “like a recollection of being taken from lying on the ground in the field hospital and carried in an ambulance to St. Elizabeth Hospital.”<sup>77</sup> His comrades in the Eighth Connecticut remembered what happened with much more clarity. “It was the next night after his friend was killed,” remembered Beckhardt’s comrade William Gammill, “he came out of the bomb proof, jumped over the breast work and started toward the enemy’s lines saying that he was going to kill all the Rebels that there was.” The sergeant of the company rushed out and prevented Beckhardt from marching to his death and dragged him back to the Union lines. Once they escorted him back to the bomb proof, Beckhardt “became violent” and the men were forced to subdue him. Gammill sent him to the field hospital.<sup>78</sup>

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<sup>73</sup> Louis Beckhardt aka Albert Frank Deposition, 7 June 1884; Soldier’s Certificate No. 287554, Private Albert Frank, Company B, 8<sup>th</sup> Connecticut Volunteer Infantry.

<sup>74</sup> Ibid.

<sup>75</sup> Ibid.

<sup>76</sup> Ibid.

<sup>77</sup> Ibid.

<sup>78</sup> William Gammill Deposition, 14 October 1884, Soldier’s Certificate No. 287554.

William Gammill rejected the diagnostic criteria used by physicians and instead turned to the more general soldiers' nosology to convey the terrifying experience of war. "The shock of his friends death and the shock of the explosion of the shell combined, was, in my opinion, was the cause of his insanity," Gammill testified.<sup>79</sup> Louis Beckhardt himself also believed that the shock of the experience caused his psychotic break. "I don't know what caused it," he remembered, "I think it was the scare and the shock to the nerves of seeing that man shot, I don't know what else it could have been."<sup>80</sup>

After the war, Beckhardt applied for a pension and explained to an examining board of surgeons what he believed had happened to him. The pension examiner was incredulous at Beckhardt's explanation for what caused his invisible injury. The examiner instead asked Beckhardt about his family history, probing for any evidence of hereditary insanity that could have been passed down to Louis. This was classic alienist diagnostic criteria. "I can hardly realize that your seeing that man killed would cause you dementia," the pension official told Beckhardt, "unless you were through inheritance, or constitutionally afflicted with, or predisposed to it."<sup>81</sup>

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While psychologists were oddly confident that the war was not causing the rising levels of insanity, when they looked to the future post-war world, they were not as confident. As the dust settled, and Americans realized the devastation that the war had unleashed, there was gradually more support for the notion that the nation itself might become mentally unsettled. Dr. W.S. Chipley, who was the superintendent of the Eastern Lunatic Asylum in Kentucky, firmly

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<sup>79</sup> Ibid.

<sup>80</sup> Ibid.

<sup>81</sup> Louis Beckhardt aka Albert Frank Deposition, 7 June 1884.

believed, as did most of his peers, that the war did not “seem to have materially increased the number of the insane.” But when the war was over and “thousands of homeless, destitute people” would stagger home to “the wretch of all that once ministered to their comfort” only to find they were “surrounded by suffering” and “perhaps starving dependents,” this would change. At the war’s outset, their faith and humanity had been “buoyed up with the patriotic hope of aiding in [the country’s] rescue.” But when the war was over, and nothing was left to distract them from the smoldering ruin of their former lives, many of these poor unfortunate souls would add to “all their woes the saddest of all human afflictions—the loss of reason.”<sup>82</sup>

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<sup>82</sup> “Reports of American Asylums,” *American Journal of Insanity* 3 (January 1865), 560-61.

## CHAPTER 4

## “Fit for Nothing”

On April 9<sup>th</sup> 1865 news spread through the Army of the Potomac, like a sudden thunderclap from a receding storm, that Lee had surrendered. These kinds of rumors had spread through the ranks before like a wildfire and had been just as quickly contradicted. This time, though, the rumor turned out to be true, and although fighting would continue sporadically for another month, the war was, for all practical purposes, over. The bewhiskered men in blue were understandably overjoyed. “I am so ‘happy’ I don’t know what to say,” wrote First Michigan Infantryman William Smith to his friends back home. “You know I don’t drink but I realy [sic.] think, I should like a cup of tea at about this time.”<sup>1</sup> Cheer after cheer went up among the ranks, and soldiers who had become harder than steel, broke into tears and sobbed with relief. Everywhere men were embracing and shaking hands, throwing their caps in the air, whistling, hurrahing, dancing and screaming with joy and exultation. They started firing muskets and cannons in celebration, until Grant issued an order to silence the guns. Some had made war so long it was hard to fathom anything else. “I can’t realize the turn of affairs,” wrote William Smith. “It all seems like a dream. Perhaps it is well I can’t...I do believe the past week has been the happiest of my life.”<sup>2</sup> For other Yankee soldiers, the news of Lee’s surrender and the end of hostilities provoked strange feelings of sadness as they realized both that they would survive the

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<sup>1</sup> William H. Smith to Friends, 9 April 1865, Special Collections Library, University of Washington.

<sup>2</sup> Ibid.

war and that so many friends and comrades hadn't. And thus, with all those conflicted feelings, they turned toward home.

Coming home from the war was a difficult experience for many soldiers. Many veterans returned with serious health problems. Some problems were obvious, such as the men who limped home missing an arm or a leg, or those who came home lugging a bullet in a still festering wound. Some soldiers came home with leaky bowels or a persistent cough, evidence of some chronic illness. Other problems were not so obvious. Many soldiers came home addicted to opium or morphine, first doled out in the hospital wards. Other soldiers came home addicted to liquor, spending all their pay in grog shops and dram dealers. Many other soldiers came home with emotional and psychological problems. Most of these men were able to find ways to cope, but some were not and ultimately fetched up in insane asylums.

From 1860 to 1890, over 1,300 Civil War veterans became patients at St. Elizabeth's Government Hospital for the Insane in Washington, D.C. This chapter focuses on how this influx of patients shaped the emerging field of psychiatry and psychiatric care. The understanding of alienists at St. Elizabeth's evolved in two significant ways as a result of their contact with Civil War veterans. First, in over sixty cases, army life (meaning war) was cited as a cause for insanity. While imprecise, this demonstrated that psychologists at St. Elizabeth's were slowly beginning to examine how the war affected the mental health of soldiers. Second, almost 200 (cases of patients) were admitted suffering from insanity caused, ostensibly, by intemperance. Again, underlying issues and complexes—the possibility that alcohol was a symptom as well as a disease—were not precisely understood, but the alienists had begun the work of documenting this spike in alcoholism and speculating about its causes.

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Robert E. Lee surrendered the Confederate Army of Northern Virginia to Ulysses S. Grant and the Union Army of the Potomac on April 9<sup>th</sup> 1865. A ceremonial surrender took place on April 12<sup>th</sup>, where humbled Confederate soldiers handed over their flags and stacked their muskets. While sporadic fighting continued for months, the war was effectively over. The Union Army of the Potomac and the Army of the Tennessee marched North to the capital to participate in the Grand Review on May 23<sup>rd</sup> and 24<sup>th</sup>. Following the Grand Review soldiers began to slowly filter back to their homes. They were no longer soldiers, but were civilians again. Historians are split on the question of how difficult was the reintegration process back into civilian society for Civil War soldiers. Brian Matthew Jordan argues that many former soldiers “considered homecoming a task as onerous and demanding as any military campaign.” In addition to struggling with substance abuse, employment, and the continued resistance of former Confederate states, Jordan argues that Union veterans had to put up with an increasingly skeptical northern public who viewed veterans as “impossible nuisances.”<sup>3</sup> However, Paul Cimballa argues that most former soldiers successfully “recovered from the violence of battle and the routines of camp life.” Veterans came home and “accepted the challenges of peace” and “began to rebuild their lives as soon as they took off their uniforms.”<sup>4</sup>

As life was slowing down for many former soldiers, it remained hectic for Dr. Charles Nichols. The hospital was overflowing with patients, 515 patients had been admitted during the last year of the war. Over 800 men and women were under treatment at the hospital in 1865, hundreds more than the hospital was built to house. Eighty three percent of patients sent to the

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<sup>3</sup> Brian Matthew Jordan, *Marching Home: Union Veterans and Their Unending Civil War* (New York: W.W. Norton & Company, 2014), 3.

<sup>4</sup> Paul A. Cimballa, *Veterans North and South: The Transition from Soldier to Civilian after the American Civil War* (Denver: Praeger, 2015), xii, xiv.

hospital were from the army, wearing the Union blue.<sup>5</sup> However, civil cases had increased and Dr. Nichols hoped that the next year would “doubtless exhibit a further movement in the same direction.”<sup>6</sup> He hoped the hospital would eventually return to being an institution that primarily treated civilians.

Nichols was busy with activity outside of the asylum as well. That year, he was called as an expert witness in the much-publicized trial of Miss Mary Harris. In January 1865, at about the same time Congress was debating the Thirteenth Amendment to the Constitution, which would abolish slavery, Mary Harris had shot and killed her former lover on the floor of the Treasury Building in Washington, D.C. Dr. Nichols testified as an expert witness in defense of Mary Harris, arguing that her act of murder was carried out not with “a feeling of hatred or revenge” but was instead guided by “insane impulses.”<sup>7</sup> It was an early case, in a growing number of cases, in which the temporary insanity plea had successfully been used as a defense. Dr. Nichols also testified that menstruation was a “frequent cause of mental disturbance” that may have also derailed Mary Harris’ sanity. This profound misunderstanding and suspicion of the female reproductive system was not an outlier in the profession, and instead demonstrates the pervasive sexism in medicine and nineteenth century American society. The jury found Mary Harris not guilty by reason of temporary insanity.

In the spring of 1866, AMSAII held their annual meeting in Washington, D.C. In addition to his regular duties, Dr. Nichols organized and planned the meeting. The meeting was held at Willard’s Hotel, where papers were read and discussed. Alienists were reconstructed by then as well; several superintendents of southern state asylums attended the meeting. Following

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<sup>5</sup> “Reports of American Asylums,” *American Journal of Insanity* Vol. 22 (April, 1866), 529.

<sup>6</sup> *Ibid.*

<sup>7</sup> *National Republican* (Washington, D.C.), 19 July 1865.



the meeting, the superintendents climbed into carriages that whisked them to the White House where President Andrew Johnson received them. Dr. Nichols addressed President Johnson on behalf of his fellow superintendents noting: “our studies and functions are of a scientific and humane nature, and it would not be proper to make a political address, even if we were so disposed.”<sup>8</sup> President Johnson thanked them for their work and for taking the time to visit him.

Nichols and his fellow alienists steered clear of politics because by April 1866, it was clear that President Johnson was in the beginning of a political dogfight with Congress. Johnson, thinking he was carrying out the now slain Lincoln’s vision for Reconstruction, announced a lenient policy towards the defeated South demanding only a repudiation of secession and ratification of the Thirteenth Amendment. General Amnesty was granted to former Confederate soldiers, with the exception of officers and government officials, but a presidential pardon was available and Johnson handed out thousands of pardons to a flood of former rebels. Johnson’s leniency essentially gave southern states *carte blanche*, many former Confederate generals and politicians were elected to office, most states passed discriminatory black codes, all in an attempt to deny the outcome of the war. Congress began to howl in protest and created a Joint Commission on Reconstruction to investigate conditions for African Americans in the South. This inaugurated a bitter political fight between President Johnson and Republicans in Congress that would last for several years, resulting in an impeachment trial.<sup>9</sup>

Many former Yankees were daily reading of political events in Washington, but their primary work was demobilization. Demobilization is usually conceived as a physical process, not a psychological one. This is a mistake, however, as every soldier had to effectively unwind from

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<sup>8</sup> *National Republican* (Washington, D.C.), 26 April 1866; *National Republican* (Washington, D.C.), 27 April 1866.

<sup>9</sup> Eric Foner, *A Short History of Reconstruction, 1863-1877* (New York: Harper Perennial, 1990), 108-116.

their war experience and take stock of the damage that had been done. The generation of men who had buttoned up the Union blue and shouldered muskets to fight the rebellion endured a long unwinding from the war. Some men never fully unwound. The war inflicted what has been described by Diane Miller Sommerville as an epidemic of physical, emotional and psychological trauma among Union veterans. The most obvious form of trauma was corporal. Nearly a quarter of a million Union veterans returned home with a battle injury from a musket or cannon shot. Thousands were so seriously wounded that physicians amputated a limb. Just under 30,000 amputations were recorded during the war, and 20,802 soldiers survived the operation and limped home on ill-fitting crutches. Undoubtedly that number was higher, as the Union Medical Department did not start keeping track until 1862, so a year's worth of amputations went unrecorded. Moreover, surgeons busy operating in the aftermath of battles frequently miscounted the amputations they performed.<sup>10</sup> Other Union veterans returned home with intestines splashed with ulcers or lungs filled with festering sores. For years after the war, aching abdomens or persistent coughs plagued veterans. Poor health deprived thousands of veterans who badly needed to labor on the farm or the factory, and forced many more to apply for pensions.

Not all traumas were physical of course. Some Union veterans returned home with problems that were more deeply seeded than a bullet wound or a lingering cough. Many Union veterans came home addicted to morphine or opium. Both drugs had been liberally doled out for painkillers and to help men sleep, instead of tortuously writhing all night in their cots. How much of these painkillers were given out during the war? Exact numbers, of course, are unknown, but likely it was a substantial amount. Silas Weir Mitchell estimated that in the course of 1864, he

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<sup>10</sup> *Medical and Surgical History of the War of the Rebellion* Vol. XII (Wilmington: Broadfoot Publishing Company, 1891), 696, 877; Alfred J. Bollet, "Amputation in the Civil War," in James M. Schmidt and Guy R. Hasegawa, eds., *Years of Change and Suffering: Modern Perspectives on Civil War Medicine* (Roseville: Edinborough Press, 2009), 59.

and his colleagues at Turner's Lane Hospital in Philadelphia delivered 40,000 injections of morphine to soldiers suffering with "every kind of nerve wound, palsies, choreas" and "stump disorders." In *The Opium Habit*, Horace B. Day estimated that 80-100,000 Americans were addicted to opium, and he believed many of them were veterans of the war. "Maimed and shattered survivors from a hundred battle-fields," Day wrote, "diseased and disabled soldiers released from hostile prisons, anguished and hopeless wives and mothers, made so by the slaughter of those who were dearest to them, have found, many of them, temporary relief from their sufferings in opium."<sup>11</sup>

Injury, illness and addiction were not the only instances of lasting trauma that afflicted Union veterans of the war. Many former soldiers came home ready to put the war behind them, but after a long day of harvesting wheat or selling dry goods, they climbed into bed only to find the war came back to them in their dreams. These veterans suffered with what historians view as a nonvisible disability.<sup>12</sup> These nonvisible disabilities, such as mental illness, were not immediately discernible to those at home. Unlike veterans suffering with the plain disability of an amputation, or a gunshot wound, or even a serious illness, those with nonvisible disabilities came home seemingly fine. But they were not. Instead many former soldiers came home still in a sort of daze from the war—the "glitter of the gun barrel and sword" the "red carnage of the field" and the "terrible echoes" of the artillery were still too near to them. Wisconsin veteran Michael Fitch remembered: "the nerves of the soldiery had not recovered from the tremor of the battle

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<sup>11</sup> David T. Courtwright, "Opiate Addiction as a Consequence of the Civil War," *Civil War History* Vol. 24 No. 2 (June 1978), 103; Dr. S. Weir Mitchell, "Some Personal Recollections of the Civil War," *Transactions of the College of Physicians of Philadelphia* 3<sup>rd</sup> Series (1905), 91-92; Horace B. Day, *The Opium Habit* (New York: Harper & Brothers, 1868), 6-7; Anon, *Opium Eating: An Autobiographical Sketch by An Habitué* (Philadelphia: Claxton, Remsen & Haffelfinger, 1876), 57-68.

<sup>12</sup> N. Ann Davis, "Invisible Disability," *Ethics* 116 (October 2005): 158-161.

charge.”<sup>13</sup> Historians have been able to access veterans struggling with mental illness and nonvisible disabilities primarily through asylum records and suicides. These were, though, the most seriously afflicted soldiers. Many former soldiers came home seemingly fine and healthy, but were plagued by awful memories of war. These men have been difficult for historians to find, why? Many former soldiers lacked the language to process what was happening to them, much less to describe it. Moreover, most were silent about their struggle because mental illness carried such intense stigma. However, many veterans remembered being haunted by their experience in the war, chased by invasive and frightening dreams. Some of these veterans remembered these nightmares of war that followed them home in postwar memoirs. Most of these horrible dreams were connected to an experience that was both frightening and induced a feeling of powerlessness.

The experience of injury and hospitalization seems to have been a particularly trying one, as many soldiers and veterans were plagued by memories of their time as a convalescent in a field or general hospital. This makes sense, of course, when we consider that many of these men had never been to a hospital prior to the war. “Most Americans had rare contact with doctors,” notes Kathryn Shively Meier, “especially those from rural areas, while it was the prerogative of the rich to travel for medical advice.”<sup>14</sup> Consequently, soldiers were not exactly excited to visit a hospital. Once they were there, soldiers “often criticized and sometimes rejected” the system of care which they found “ineffectual” and “impersonal.”<sup>15</sup> In addition, anesthetics such as ether and chloroform, used extensively in the war, were relatively new concoctions, and many who breathed in their harsh fumes on the operating table feared dying under their influence. Finally,

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<sup>13</sup> Fitch, *Echoes of the Civil War as I Hear Them*, 344.

<sup>14</sup> Kathryn Shively Meier, *Nature's Civil War: Common Soldiers and the Environment in 1862 Virginia* (Chapel Hill: The University of North Carolina Press, 2013), 22.

<sup>15</sup> *Ibid.*, 66.

recovery in the hospital was often a terrifying experience. Surrounded by agony, death and gore, its no wonder that many survivors were often subjected to horrible nightmares of this experience years later.

One such veteran was Ebenezer Hannaford. Hannaford had been seriously wounded at the Battle of Stones River. Taken to a hospital, Hannaford was awoken one night when a wounded soldier next to him had a secondary hemorrhage, after an infection ate away the carotid artery. “Presently I heard a peculiar strangling cough,” Hannaford wrote, “and looking toward him I saw the nurse bending over him and raising him into a sitting posture, while the blood gushed in streams from his mouth... The surgeon was called instantly, but his endeavors, I saw, were hopeless.”<sup>16</sup> This image haunted Hannaford: “I buried my head in my blankets, and strove to shut the scene away from my vision; but the picture haunted me, and for days and weeks afterwards it would come to me at times, all ghastly and crimson, with a vividness and power that made me shudder.”<sup>17</sup> For obvious reasons, Hannaford was terrified after witnessing a fellow soldier die from a secondary hemorrhage. He was horrified both by the bloody ending, as well as the notion that he too could suffer a similar fate. But he was unable to simply move on, instead, the memory came back to him as a flashback or hallucination of sorts, leaving him unable to forget for some time.

Napoleon Perkins, a soldier in the 5<sup>th</sup> Maine Battery was grievously wounded in the Battle of Chancellorsville. Perkins was carried to a plantation house near the battlefield that had been turned into a field hospital to treat the swath of wounded soldiers. The New Hampshire native found little rest, on account of his leg, which “was badly swollen & inflamed” and the

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<sup>16</sup> Ebenezer Hannaford, “In Hospital After Stones River,” *Harper’s New Monthly Magazine* (January 1864), 263.

<sup>17</sup> *Ibid.*

other wounded veterans surrounding him. “Some were groaning, others were praying, while others were singing, while still others were swearing...others delirious,” Perkins remembered. His recovery in the field hospital was a disturbing experience, which haunted him in his dreams following his departure from the retched plantation house. “I shall never forget that night and have often dreamed of it,” Perkins wrote.<sup>18</sup> It is impossible to know how many other veterans besides Napoleon Perkins and Ebenezer Hannaford were haunted by the memory of the war, but likely, thousands of veterans were plagued by dreams of the sharp crack of the rifle and the screams of the wounded and dying.

This raises the question: were Civil War soldiers afflicted with Post-Traumatic Stress Disorder? We should tread carefully on this subject. As Paul Cimbala cautions, new psychological and physiological research has served to complicate our understanding of trauma and mental health.<sup>19</sup> Since Eric T. Dean, Jr.’s book *Shook Over Hell*, many historians have come to believe that Civil War soldiers were afflicted with Post-Traumatic Stress Disorder, though a few historians disagree.<sup>20</sup> While this was undoubtedly true in some cases, historians have been painting with too broad a brush. New research on conditions such as Traumatic Brain Injury and even moral injury, describe symptoms that are chillingly similar to those of Post-Traumatic Stress Disorder.<sup>21</sup> All of this serves to make it even more difficult to discern what was happening to Civil War veterans. But it does not mean we should not try.

So, what is Post-Traumatic Stress Disorder (PTSD) and could it have afflicted Civil War veterans? PTSD used to be classified as an anxiety disorder, but the most recent Diagnostic and

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<sup>18</sup> Napoleon B. Perkins, *Memoirs of N.B. Perkins*, New Hampshire Historical Society.

<sup>19</sup> Cimbala, *Veterans North and South*, xv-xvi.

<sup>20</sup> Dean, Jr., *Shook Over Hell*, 1-12.

<sup>21</sup> Steven T. DeKosky, “Traumatic Brain Injury: Football, Warfare, and Long-Term Effects,” *New England Journal of Medicine* 363, no 14 (Sept. 30, 2010): 1293–96.

Statistical Manual of Mental Disorders (DSM-V) has given trauma its own category, and PTSD has been reclassified as a traumatic disorder. PTSD is a cluster of symptoms that follow in the wake of a traumatic experience outside “the range of normal human experience.” These include accidents, natural disasters, rape, and war. Victims of PTSD are prone to experience essentially three sets of symptoms: first, hyper vigilance and hyper arousal. Those afflicted with PTSD are often on high alert to stressors that may remind them of the original trauma. Second, emotional numbing, those with PTSD feel dead to the world, like they care for nothing anymore. And finally, and most importantly, PTSD affects memory and how its victims experience time. Sufferers are prone to have intrusive nightmares, flashbacks and hallucinations of the traumatic event, in crystal clear clarity.<sup>22</sup>

In his new memoir, *In the Evil Hours*, David Morris describes PTSD essentially as a disease of time. This is the defining experience of PTSD, what sets it apart from other disorders. Most people experience time as linear. PTSD distorts the linear progression of time, trapping victims in an almost hallucinogenic circular experience of time. PTSD forces people to compulsively return to a traumatic moment, through nightmares, flashbacks and hallucinations. This is a key element that has been missing in the historical analysis of PTSD among Civil War veterans. These nightmares were often connected to a horrifying experience, such as fighting in battle, or hospitalization; during which men felt feelings of helplessness. These men were raised in a culture that especially prized control and domination. Men were supposed to dominate their environment, their dependents and their competition. Along the way they were expected to

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<sup>22</sup> *Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> ed.* (Arlington: American Psychiatric Association, 2013), 271-280.

exercise control over their emotions. Those that did not, or could not, were viewed as weak and effeminate.<sup>23</sup>

A good example of a Civil War soldier who was probably suffering with PTSD was Rufus Wilcox. In January 1865, while aboard the USS *Richmond*, Rufus Wilcox began to suffer with strange symptoms. That month he began to feel a “slight pain in [the] chest” and he had “difficulty of breathing.” Wilcox, a Connecticut native, had been a marine in the US Navy during the Civil War. He had volunteered late in the war, and the navy sent him first to the *North Carolina*, and then to the aptly named *Hartford*. The *Hartford* was Admiral David Farragut’s flagship, and Wilcox was aboard during the Battle of Mobile Bay in the summer of 1864. After the fall of New Orleans, Mobile had been one of the last Confederate held ports, and a center for Rebel blockade running. The time had come for the port to be taken, but it would not be easy. Two Confederate forts, Gaines and Morgan, as well as a minefield of torpedoes, protected the entrance of Mobile Bay. Wilcox had watched the ironclad *Tecumseh* strike a mine and sink, dooming its crew to a dark and watery grave. He had braved the “raking fire” of the Confederate forts guarding the bay, which was a “furious bombardment of twenty four hours.”<sup>24</sup> He could still remember the smell of burning gunpowder, the sting of smoke as it wafted across the deck of the flagship, the screaming of the injured and dying. Only after the war was over did Wilcox

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<sup>23</sup> David Morris, *The Evil Hours: A Biography of Post-Traumatic Stress Disorder* (New York: Houghton Mifflin, 2015), 64; Anthony Rotundo, *American Manhood: Transformations in Masculinity from the Revolution to the Modern Era* (New York: Basic Books, 1993), 19-23; Michael Kimmel, *Manhood in America: A Cultural History* (New York: The Free Press, 1996), 23-27; Gail Bederman, *Manliness and Civilization: A Cultural History of Gender and Race in the United States, 1880-1917* (Chicago: University of Chicago Press, 1995), 12-18; Mark C. Carnes and Clyde Griffen, eds., *Meanings for Manhood: Constructions of Masculinity in Victorian America* (Chicago: The University of Chicago Press, 1990).

<sup>24</sup> *The War of the Rebellion: A Compilation of the Official Records of the Union and Confederate Armies*, Series I, Volume 39, Part I (Washington, D.C., Government Printing Office, 1892), 407, 419.



begin to unravel. In April 1865, while on board the USS *Bienville*, he complained of “palpitation of his heart.” By the fall of 1865, Wilcox was in the Marine barracks in Boston suffering with “nervous prostration.” “He has exhibited at times mental derangement, and this morning caused considerable trouble in Barracks by what was considered insanity,” wrote the physician.<sup>25</sup> In 1870, Rufus Wilcox was sent to St. Elizabeth’s Government Hospital for the Insane in Washington, D.C. He was discharged in 1871 then returned in 1872, where he remained until his death. Asylum records paint a picture of a man who had spiraled from chest pain and shortness of breath, to becoming completely unhinged. His case notes described him as “irritable” “easily excited” and suffering from “many delusions.”<sup>26</sup> Wilcox’s case notes have all the telltale signs of PTSD. His early manifestations were physiological, chest pains and heart palpitations. These grew into worse symptoms, however, such as hyper arousal and invasive re-experiencing of some sort of trauma. We can never know for sure if Wilcox suffered with PTSD, but he certainly is a likely candidate.

For almost all former Civil War soldiers—disabled or not—employment became an immediate and often long lasting worry. Employment in the postwar years was a struggle, especially for physically and emotionally traumatized veterans. The vast majority of northerners were farmers growing corn and wheat in the Plains or in the Ohio River Valley, and most veterans returned to their farms once the war was over. Many settled back into the routines of farm life, but some found farm labor difficult. Farming was hard work even if one was blessed with good health. Broken health—or a broken mind—made the business difficult for many

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<sup>25</sup> J. Mills Browne to Navy Department, Bureau of Medicine and Surgery, 16 June 1888, Soldier’s Certificate No. 6117, Private Rufus E. Wilcox, US Marine Corps; Record Group 15; National Archives and Records Administration, Washington, D.C.

<sup>26</sup> Rufus E. Wilcox Case Notes, 9 October 1907, Case 3195, Rufus E. Wilcox, Box 11, Record Group 418: Records of St. Elizabeth’s Hospital, Entry 66: Case Records of Patients, 1855-1950, National Archives and Records Administration, Washington, D.C.

returning Yankees. Once they returned to their farms, many men found they could no longer stand the work required to swing the axe or the scythe. James Andrews was wounded at the Battle of Winchester on September 19, 1864 fighting with the 12<sup>th</sup> Maine Infantry. Andrews survived the injury, but came home suffering lingering issues from the gunshot wound, as well as deeper psychological problems. At night terrifying nightmares frequently interrupted his sleep. “At night his sleep is broken, by frightful dreams & dyspnea,” an examining surgeon wrote. “He had night sweats.”<sup>27</sup> James came home to his wife Amanda to their farm near Lewiston, Maine. But James could not work regularly on the farm. His disability stemming from his gunshot wound, as well as his broken mind made it all but impossible. James and Amanda shortly lost their farm.

Not every northerner was a farmer, and many Yankees returned home to bustling cities and towns hoping to resume their careers as clerks, accountants, or factory workers. Once home, though, they often found finding wage labor was difficult. The economy briefly slumped once war production halted, resulting in a minor recession in 1866, and a major depression followed on its heels in 1873. This made finding and keeping employment difficult for all men, but especially so for veterans who felt they were fighting an unfair stigma. Nearly everyone, employers included, had heard stories about soldiers. They had heard stories of rampant alcoholism among the rank and file. They had heard the stories of Sherman’s Bummers rampaging through the South. Many Americans wondered if these boys would ever be able to settle down again, now that they had tasted the life of a soldier. As early as the days immediately following the Grand Review, when soldiers were marching home from Washington, rumors

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<sup>27</sup> Claim for an Invalid Pension, 21 April 1865, Amanda Andrews to C.B. Walker, 17 October 1882, Soldier's Certificate No 96074, Private James M. Andrews, Company H, 12th Maine Infantry, Civil War and Later Pension Files; Records of the Department of Veterans Affairs; Record Group 15; National Archives and Records Administration, Washington, D.C.

swirled of soldiers getting drunk and laying waste to town squares. A few towns had even closed the gates to returning soldiers, worried about the toxic effects of their revelry.<sup>28</sup> “Why is it that so large a number of the business men throughout the country hesitate to employ the returned soldier?” asked one veteran in a newspaper editorial. “There is no disguising it boys; the people are afraid of us! They heard many strange and bad stories about us while we were in the army-stories which did us no good, but were heard greatly to our disadvantage.”<sup>29</sup>

This struggle was even more pronounced for Civil War veterans suffering with emotional or psychological trauma from the war. Employers hesitated to hire a former soldier who had mood swings, vertigo or paralyzing flashbacks of the war. Margaret Hare’s husband George Hare returned to New York City from his time in the Ninety-Third New York Infantry in 1864 and she “noticed immediately upon his return” that he “seemed to be affected in his mind.” George’s mental illness centered on the war, which he still believed required his service in some way. “While he was never violent he appeared to think he was still a soldier,” Margaret recalled, “often marching around the room making remarks.”<sup>30</sup> Perhaps predictably, this made finding work difficult for George Hare. It was already difficult to find work in New York, and nobody wanted to hire a man still trapped in the war. “He often obtained employment but remained in

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<sup>28</sup> *Daily Ohio Statesman* (Columbus, Ohio), 9 June 1865; *Cleveland Leader* (Cleveland, Ohio), 10 August 1865; *Hartford Daily Courant* (Hartford, Connecticut), 28 July 1865; *New York Daily Tribune* (New York, NY), 15 July 1865.

<sup>29</sup> *New York Times* (New York, NY), 6 May 1865; *The Soldier’s Friend* (New York, NY), June 1866.

<sup>30</sup> Margaret Hare Deposition, January 25, 1888, in Soldier's Certificate No. 396413, Private George Hare, Company I, 93<sup>rd</sup> New York Volunteer Infantry, Record Group 15, National Archives, Washington, D.C.; Case History George Hare, ND, Case 4444, Box 22, Record Group 418, Records of St. Elizabeth’s Hospital, National Archives and Records Administration.

one place no longer than a few days,” Margaret remembered. “His employers not being able to keep him on account of his actions.”<sup>31</sup>

These conditions reduced many former soldiers to begging or living on the streets of America’s cities. In the years immediately following the war, visitors to Manhattan often could not help but notice the legions of Union veterans aimlessly plying the streets of the city. “This arises mainly from the vast influx of labor suddenly let loose upon the community by the mustering-out of our armies,” wrote *Leslie’s Illustrated Newspaper* in October 1865, “and by the hard but truthful fact that there is a prejudice in the minds of employers against the returned soldiers.”<sup>32</sup> Former soldiers were among the crowds of pickers and beggars in New York City, desperately pleading for alms from the city’s residents. On the ferry from Manhattan to Jersey City, the Rev. M.G. Hansen was regularly greeted by an “ex-soldier of the Union” in a “soiled and worn” uniform, slinking through the cabin with cap in hand to make “a mute appeal for charity.” Edward Crapsey, a journalist, found veterans of the war living in the “slimy” and “reeking” tenements of Cherry Street in Manhattan.<sup>33</sup>

Civil War veterans who came home with nonvisible disabilities stemming from the war, such as drug addiction, nightmares of the war, as well as nervousness, anxiety and paranoia, put enormous pressure on their families and communities (more on this in Chapter 6). Family was the first line of defense for veterans with emotional and psychological damage. Most families strove to take care of mentally ill kin, and if they were manageable and nonviolent, they would resist sending them to an asylum. The generation of Civil War veterans, however, was often

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<sup>31</sup> Ibid.

<sup>32</sup> *Leslie’s Illustrated Newspaper* (New York, NY), 21 October 1865.

<sup>33</sup> *The Soldier’s Friend* (New York, NY), October 1866; Edward Crapsey, *The Nether side of New York; or, The Vice, Crime and Poverty of the Great Metropolis* (New York: Sheldon & Company, 1872), 111-115.

unmanageable and sometimes violent. Cracks in the facade of family and community care began appear early and often. The strain of caring for an insane veteran was often just too much. Moreover, the economic health of many families was put under unbearable strain because of the difficulty of finding work for many returning soldiers. With a husband or father unable to work or perform long-term labor, women were faced with a daunting task.

What did these communities think of the old soldiers who were increasingly becoming insane? Largely, people living in communities where a veteran was suffering with visible psychological strains, believed that these old soldiers were “broke down” or “used up.” These soldiers’ nosology had carried over from the war and filtered back to communities on the homefront. Communities throughout the North, after all, were populated with veterans who brought back with them, things learned on the frontlines. One such veteran was Joseph Surry, who left Hancock County, Maine to enlist in the Second Maine Infantry. His friends and neighbors all recalled that before the war he was “a smart young man.” But when he returned, he was different. After the war, James Christian worked with Joseph in Boston for a time and remembered that Joseph was “nervous and irritable” and “seemed to have some mental trouble” that grew “gradually worse.”<sup>34</sup> Joseph’s friends and family believed that the war had left him “wholely[sic.] used up” and “completely used up.”<sup>35</sup> Again, this kind of “soldier speak” rejected specific medical diagnosis in favor of a more general nosology that conveyed the cumulative effects of soldiering on the mind and body.

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<sup>34</sup> James Christian Affidavit, ND, Soldier’s Certificate No. 158210, Private Joseph L. Surry, Company B, 2<sup>nd</sup> Maine Volunteer Infantry, Record Group 15, National Archives, Washington, D.C.

<sup>35</sup> Justice of the Peace Deposition, ND, Soldier’s Certificate No. 158210, Private Joseph L. Surry.

After the war, however, as more and more veterans began to suffer from psychiatric problems, family and friends of these veterans began to more explicitly draw a connection between insanity and the war. This connection would become more explicit and more common as time went on (which will be explored in Chapter 6). Much like the soldier speak of “broke down” or “played out,” this connection was not well defined, and it rejected “diagnostic specificity” in favor of a vague and loose causation. Nonetheless, more Americans were beginning to believe that the war had driven some of its former soldiers insane. This process sometimes took years, sometimes decades. For example, Christian Potter was a former soldier in the Fifth Maryland Infantry, who had returned to Baltimore a changed man. Christian’s half brother, George Wagner, remembered that before the war Christian was “a bright business man” who always “appeared calm and considerate.”<sup>36</sup> In October 1868, it became apparent to George that Christian was “insane” when they were at their fathers’ wedding anniversary and Christian’s “actions were queer” so much so that “it attracted the attention of the guests.”<sup>37</sup> George confidently believed that his half-brother Christian had become insane from his experience in the war. “As the fact of his insanity as a result of army life I have never had any doubt,” George wrote.<sup>38</sup>

Family was the first line of defense. The second line of defense for Civil War veterans that were struggling with reintegration into civilian society were the Soldiers Homes that were built in the postwar years. Proposed in the spring of 1865, Soldier’s Homes began in earnest after more than a year of maddening delays. In 1866, a board of managers was established and the

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<sup>36</sup> George Wagner Deposition, 17 April 1883, Soldier’s Certificate No 238602, Private Christian Potter, Company F, 5<sup>th</sup> Maryland Volunteer Infantry, Record Group 15, National Archives, Washington, D.C.

<sup>37</sup> Ibid.

<sup>38</sup> Ibid.

impressively whiskered Benjamin F. Butler led the effort to establish the Soldiers Homes. Officially known as the National Home for Disabled and Volunteer Soldiers, a system of three homes was established with an Eastern Branch in Togus Springs, Maine, a Central Branch in Dayton, Ohio and a Northwestern Branch in Milwaukee, Wisconsin. Butler and the board of managers, however, never anticipated how many Civil War veterans would apply for the homes, believing the vast majority would be cared for at home. The Soldiers Homes were designed for men who could not provide for themselves and their families because of illness or injury, but often Civil War veterans with nonvisible disabilities filled their wards as well. The Soldiers Homes had a mixed legacy. The institution was a legitimate boon for disabled veterans who had trouble providing for themselves. However, historians agree that the homes had a litany of problems. The facilities were chronically underfunded, not able to accept enough inmates, and veterans often struggled with boredom and alcoholism.<sup>39</sup>

Finally, for veterans who became so emotionally or psychologically unhinged that they were completely unmanageable or especially violent, the insane asylum would be their new home. It was a paroxysm of violence especially that could result in commitment to an asylum. This would generally be a manic episode of violence, when a man—or a woman—would commit an act of aggression so outside of their usual normal behavior, that for the safety of their family and community they were institutionalized. Most veterans would not immediately be sent to St. Elizabeth's. Instead, they would often be sent to a local state asylum, or if they could afford it, a private asylum. However, state asylums were looking to jettison any patients that they could, and Civil War veterans were among the detritus that could be forwarded to St. Elizabeth's. Why?

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<sup>39</sup> Jordan, *Marching Home*, 172; Martin, *Sing Not War*, 159; Patrick J. Kelley, *Creating a National Home: Building the Veterans Welfare State, 1860-1900* (Cambridge: Harvard University Press, 1997).

Following the Civil War, the millennial fervor of the asylum reform project began to flicker, and Americans became less convinced that asylums were actually a successful and worthwhile endeavor. Because of the widespread death and suffering engendered by the war, argues Drew Gilpin Faust, Americans began to increasingly doubt the efficacy of reform projects.<sup>40</sup> Because of this, state legislatures began to generally cut funding for asylums during the Gilded Age, charging them increasingly to do more with less. If a state asylum could prove that a former Union soldier had become insane or demonstrated symptoms of insanity within three years of their discharge, then that former soldier was eligible for treatment at St. Elizabeth's.

Such was the case with Francis Cook. Cook was a veteran of the 104<sup>th</sup> Illinois Infantry, who at Chickamauga—by his own admission—was wounded when a “splinter knocked off a tree” and struck him in the head. Francis' brother John testified that when Francis came home from the war in 1865 he seemed fine, actually in “better health than he ever had been.” By the fall of 1865, however, Francis was a changed man. He became “irritable and vicious” and “would make threats of violence and act in a violent manner.”<sup>41</sup> The witness who delivered the coup de grace, however, was the Cook family doctor J.T. White, who testified that Francis “was not right in his mind” and was subject to “crazy spells.” Dr. White wrote that Francis was subject to “periodical attacks of lunacy” which made getting work difficult due to the fact that “he is liable to become insane at any time.”<sup>42</sup> Francis apparently got along like this until 1883, when one day he attempted to kill his father by choking him. That was the end of his community care. In February 1883, Clark County officials found Francis Cook insane and sent him to the Illinois

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<sup>40</sup> Faust, *This Republic of Suffering*, 174-80.

<sup>41</sup> John E. Cook Deposition, 2 May 1899, Soldiers Certificate No. 438284, Private Frances Cook, Company B, 104<sup>th</sup> Illinois Volunteer Infantry, Record Group 15, National Archives Building, Washington, D.C.

<sup>42</sup> J.T. White Affidavit, 15 September 1880, Francis Cook Pension Record.



State Insane Asylum, which shortly afterward foisted him upon St. Elizabeth's. By the time Francis arrived at St. Elizabeth's, his mental illness had become uncontrollable. "Nervous prostration with partial derangement of mind...insane, delusions numerous and decided," his case report read. He was a patient in the asylum until his death in 1914.<sup>43</sup>

In 1866, Congress quietly altered the fate of St. Elizabeth's Hospital. Almost no one noticed. Most Americans were reading about the continued feuding of Johnson and Congressional Republicans, which continued into the summer. Americans were also reading about a deadly fire that had ripped through most of downtown Portland, Maine. But most Americans were nervously checking the daily death tolls from cholera, which had reared its ugly head in New York City once again, seeming to promise another epidemic. However, on July 13, 1866 Congress passed legislation extending treatment to any Union soldier who had become insane "within three years after their discharge, by reason either of continuation of the disorder, of relapse after recovery, or of original invasion of mental disease from causes growing out of their military service."<sup>44</sup> What this meant was that any veteran who had become insane within three years of his discharge or became insane because of the war could receive treatment at St. Elizabeth's. This would make St. Elizabeth's the de facto mental health hospital for veterans.

Dr. Charles Nichols had hoped that following the war, civil cases would once again outweigh military cases, such as they had in the years before the war. However, Congress had other plans. This legislation fundamentally remade St. Elizabeth's into a hybrid mental institution. It was, like its sister asylums, a city mental hospital that treated the insane of the District, but it also became a mental institution for insane soldiers and veterans alike. In its

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<sup>43</sup> Clark County Court Hearing, 21 February 1883, Francis Cook Pension Record.

<sup>44</sup> *National Republican* (Washington, D.C.), 13 July 1866; *The Evening Star* (Washington, D.C.), 13 July 1866; *Congressional Globe*, 39<sup>th</sup> Congress, 1<sup>st</sup> Session (July 1866), 3697; "Reports of American Asylums," *American Journal of Insanity* Vol. 23 (January 1867), 483.

wards, such as the Cherry or the Walnut Wards, veterans of the Civil War resided in great numbers. From 1865 to 1890 over 1,300 veterans of the Civil War would become patients in St. Elizabeth's. Over fourteen percent of the hospital's patient population during the thirty years after Appomattox were veterans of the Civil War. St. Elizabeth's story followed the story of the asylum movement writ large. The movement began with so much optimism about the potential to cure mental illness, and quickly wore down under the reality of war-related diseases and war-related budget constrictions.<sup>45</sup>

Dr. Charles Nichols and his assistants continued to view the causes of insanity among the Civil War veterans who were daily arriving to the asylum in familiar and predictable ways. For instance, from 1860-1890, 158 Civil War veterans sent to the asylum were believed to have become insane from illness and disease. Forty-seven Civil War veterans sent to the asylum were believed to have become insane from sunstroke. Eighty-one Civil War veterans were thought to

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<sup>45</sup> Frank Rives Millikan, "Wards of the Nation: The Making of St. Elizabeths Hospital, 1852-1920" (Dissertation, The George Washington University, 1989), 82-83; Gerald N. Grob, *The Mad Among Us: A History of the Care of America's Mentally Ill* (New York: The Free Press, 1994), 58-60; for mental illness and asylum reform movement see: Norman Dain, *Concepts of Insanity in the United States, 1789-1865* (New Brunswick, N.J.: Rutgers University Press, 1964); Richard W. Fox, *So Far Disordered in Mind: Insanity in California, 1870-1930* (Berkeley: University of California Press, 1978); Nancy Tomes, *The Art of Asylum-Keeping: Thomas Story Kirkbride and the Origins of American Psychiatry* (Philadelphia: University of Pennsylvania Press, 1984); David J. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (Glenview: Scott, Foresman, 1971); Ellen Dwyer, *Homes for the Mad: Life inside two Nineteenth Century Asylums* (New Brunswick: Rutgers University Press, 1987); Nancy Tomes, *Madness in America: Cultural and Medical Perceptions of Mental Illness Before 1914* (Ithaca: Cornell University Press, 1995); Peter McCandless, *Moonlight, Magnolias, and Madness: Insanity in South Carolina from the Colonial Period to the Progressive Era* (Chapel Hill: University of North Carolina Press, 1996); Lawrence B. Goodheart, *Mad Yankees: The Hartford Retreat for the Insane and Nineteenth Century Psychiatry* (Amherst: University of Massachusetts, 2003).

have become psychologically unmoored by an injury to the head.<sup>46</sup> This all fit squarely with the traditional theory of moral therapy, the predominant strain of alienist belief.

However, Dr. Nichols and his successor Dr. William W. Godding, also began to ruminate about the causes of mental illness among Civil War veterans in new and sometimes profound ways. Psychologists frequently diagnosed patients in their asylum that were also Civil War veterans as victims of “intemperance.” Alcohol abuse was a major problem for soldiers during and after the war. Many soldiers were witness to comrades who fell into a bottle and could never seem to climb out. Matthew Woodruff was a dark, lean Watertown, Ohio native who at seventeen drifted to Missouri to farm. After the war broke out he volunteered with the Second Northeast Missouri Regiment, which quickly merged with the Twenty-First Missouri Volunteer Infantry. Woodruff and his compatriots were veterans of battles at Shiloh, Corinth, Iuka, Tupelo and Pleasant Hill. By the end of the war, one of Woodruff’s comrades seemed to be drunk all the time, Woodruff wrote: “I dont[sic.] know of him drawing a sober breath since my return to the company.” In the last year of the war, Woodruff’s drunken comrade had tried to shoot a man, was arrested and released on promise of good behavior. Almost as soon as he was released, however, he quickly became drunk and refused orders, pulling a knife and swearing he could kill anyone who tried to force him back into the ranks. He was tied to a tree and left out in the rain and snow. By the end of the war, Woodruff’s friend was likely facing a court-martial charge. Woodruff was heartbroken for his friend:

“Tis the first time he has ever been punished since he has been in the Army nearly five years,” he wrote. “Has been a good soldier, but would get drunk, it hurts my feelings to see men that have risked their lives on a thousand Battle fields & proved[sic.] themselves men amongst men & the best men the world ever knew, disgrace themselves now the war is over and just on the eve of home and

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<sup>46</sup> Register of Cases at St. Elizabeth’s, Entry 64, Record Group 418, Records of St. Elizabeth’s Hospital, National Archives, Washington, D.C.

happiness, and for nothing, but such is nature I believe with some. I have often heard him say he was a ruined Man, had become desperate, was lost, bound to go to hell any how, and he'd be damned if he didnt[sic.] raise hell while he did live."<sup>47</sup>

Temperance activists and teetotalers were continually frustrated by Union soldiers persistence to get their hands on whiskey, ale or any kind of “tangleroot” concoction guaranteed to kill brain cells and decrease function. At nearly every turn, soldiers would take drink over a Bible or psalm tract. Camp sutlers always carried alcohol with them to sell to the soldiers, unless they were prohibited. Moreover, beer gardens and taverns popped up left and right in cities where soldiers passed through, such as Nashville, Memphis and St. Louis. John Marsh remembered the difficulty God-fearing northerners had in convincing Union soldiers to abstain: “Numerous letters from chaplains in the army, continually assured me of the receipt of tracts, and their distribution; but the evils of intemperance were great, both among officers and soldiers.”<sup>48</sup>

Many soldiers, however, understood the risks. They were well aware of the predominant belief of alienists and mental health professionals that drinking too much whiskey could literally drive drunkards insane. Some Union soldiers decided to stop drinking because of it, or at least assured their loved ones back home that they would stop. Thomas Francis Burpee, an officer in the Twenty-First Connecticut Infantry, had to face the wrath of his wife when she found out he had been indulging in drink while with the regiment. He wrote her to assure her that he was no longer going to partake in what the Irish called “the creature,” because of the dangers his mental health could face because of it. “While you did not say in so many words that you thought I was

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<sup>47</sup> F.N. Boney, ed., *A Union Soldier in the Land of the Vanquished: Diary of Sergeant Mathew Woodruff, June-December, 1865* (Tuscaloosa: University of Alabama Press, 1969), 88-89.

<sup>48</sup> John Marsh, *Temperance Recollections: Labors, Defeats, Triumphs* (New York: Charles Scribner & Co., 1866), 341.

in danger of falling into the tempters power, your arguments all went to show that it was a source of anxiety and trouble to you,” Thomas wrote his wife in the spring of 1864. “Should not this fact be enough to influence me to forswear its use? If by doing so, I can lighten your burdens by one feather weight? Yes! This alone is reason enough for abstaining from its frequent use. Your argument in regard to the effect upon the mind is a forcible one and one that cannot be gainsayed, and if much drinking will thus affect the mind a little will to some extent... This influence is considerable and should be on the side of safety.”<sup>49</sup>

Americans had a wide variety of opinions regarding alcoholism among Civil War veterans. Some Americans, particularly other Civil War veterans, counseled empathy for intemperate former Yankees. Fellow veterans knew the trials and tribulations that other veterans had passed through during the war. They knew the pervasiveness of alcohol in the ranks during the conflict, and that many men had begun their relationship with “the creature” during the war. Daniel G. Crotty had immigrated from County Clare, Ireland to Grand Rapids, Michigan prior to the war. When the conflict broke out, he volunteered with the Third Michigan Infantry. Crotty knew that most soldiers would come home and become solid citizens once again, and he urged others to recognize those soldiers who successfully integrated back into civilian society. “Always take notice in your own vicinity,” he wrote shortly after the war, “that when an old soldier settles down, is industrious, keeps sober and makes a good citizen, almost invariably put him down as a good soldier in the field.” However, Crotty also understood that many soldiers would, and did, come home only to throw themselves into a whiskey bottle. For them, Crotty urged his fellow northerners to practice a measure of empathy and understanding towards them. “But let all good

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<sup>49</sup> Thomas Francis Burpee to Adeline Burpee, 10 March 1864, Collection of Thomas Francis Burpee.

people deal lightly with a soldier's faults, for they have been through the mill for the past four years," he wrote.<sup>50</sup>

Other northerners were not so understanding towards alcoholic Civil War veterans. Many Americans, especially those of the temperance ilk, believed that alcohol could be a litmus test of manhood. Men who nearly drowned themselves in whiskey were not men; they were unable to exert a measure of self-control, which for many, was the marker of manhood especially in the North.<sup>51</sup> James Henry Avery was an Ohio farmer who enlisted with the Fifth Michigan Cavalry and served during the war. Following the war, he was witness to many comrades who seemed to be in a constant state of inebriation. Avery believed that any man who drank to excess was not a man at all. "I will say right here for the benefit of the young men of today, I have seen the effects of drink, and I would not trust my life with the best man living if he drinks," he wrote after the war. "No one who drinks is a man, nor will he ever be a man. He willfully pours down stuff that immediately takes away all the man, and leaves him forever a beast, and worse still, a devil."<sup>52</sup>

Excessive drinking almost always seemed to exacerbate underlying psychological problems for many Civil War veterans. Their family and friends noted that when they drank, they became more irritable or paranoid. John Hetzler was a veteran of the Eighteenth Michigan Volunteer Infantry who returned home to Logan County, Illinois. In 1871 Hetzler moved to Deerfield, Missouri to work at a sawmill owned by N.E. Kingsberry and David Redfield. Albert

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<sup>50</sup> Daniel G. Crotty, *Four Years in the Army of the Potomac*, 93.

<sup>51</sup> Anthony Rotundo, *American Manhood: Transformations in Masculinity from the Revolution to the Modern Era* (New York: Basic Books, 1993), 19-23; Michael Kimmel, *Manhood in America: A Cultural History* (New York: The Free Press, 1996), 23-27; Gail Bederman, *Manliness and Civilization: A Cultural History of Gender and Race in the United States, 1880-1917* (Chicago: University of Chicago Press, 1995), 12-18; Mark C. Carnes and Clyde Griffen, eds., *Meanings for Manhood: Constructions of Masculinity in Victorian America* (Chicago: The University of Chicago Press, 1990).

<sup>52</sup> Eric J. Wittenberg, ed., *Under Custer's Command: The Civil War Journal of James Henry Avery* (Washington, D.C.: Brassey's, 2000), 156.

Smiley worked with John at the Kingsberry and Redfield sawmill. He initially enjoyed John, thinking him “lively and contented.” He was a fun man to be around in the early years of the 1870s. “He was always ready to play pranks and jokes on his fellow workmen,” Albert Smiley remembered, “and if there was any amusement or fun he wanted his share of it.”<sup>53</sup> But gradually Hetzler began to indulge in “the creature,” drinking alcohol more and more. “His habits were generally good,” Smiley remembered, “but he would drink freely when he could get it and sometimes would become intoxicated.”<sup>54</sup> When he was drunk, John Hetzler was not as fun to be around. Instead he often became intense and confrontational. “When he was intoxicated he was inclined to be a little abusive,” Smiley recalled, “especially if he had a grudge against anyone.” Albert recalled that “this habit seemed to grow on him” as the years went by.<sup>55</sup> When the sawmill pulled up stakes and moved to Kansas, John went with it. Albert Smiley stayed in Deerfield, Missouri and did not see John for a few years. Then, suddenly, John was at his doorstep asking to stay with him for several days. He had left the sawmill in Kansas and was on his way back to Logan County, Illinois. “Hetzler was nothing like he was when I knew him before,” Albert recalled. “He appeared most of the time melancholy and morose.”<sup>56</sup>

Following Appomattox, more Civil War veterans were diagnosed as insane from the effects of intemperance, than from any other cause. This reflected psychologists’ awareness of the major problem alcoholism played in the veteran community. From 1860-1890, 181 Civil War veterans were admitted to the asylum suffering from mental illness supposedly caused by intemperance, such as Andrew Schaeffer, a veteran of the Seventeenth Indiana Volunteer

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<sup>53</sup> Albert Smiley Affidavit, 6 February 1891, Soldiers Certificate, No. 655944, Private John Hetzler, Company G, 154<sup>th</sup> Illinois Volunteer Infantry, Record Group 15, National Archives, Washington, D.C.

<sup>54</sup> Ibid.

<sup>55</sup> Ibid.

<sup>56</sup> Ibid.

Infantry. Schaeffer was admitted to St. Elizabeth's in October of 1879 suffering with "chronic mania" which the physicians there thought was caused by "intemperance."<sup>57</sup> The hospital's treatment regimen inexplicably included brandy and whiskey, which seemed foolish to give to a man suffering with alcoholism. Schaeffer was a man, like many other veterans in St. Elizabeth's, who was falling apart. Alienists believed his excessive use of alcohol had worn down his mind. It is more likely however, that Schaeffer's war experience had left him a broken man. It is possible that Schaeffer suffered with PTSD or something like it. The ward doctor noted that Schaeffer suffered with "delusions & hallucinations." He was also "very excited at times" as well as "abusive and profane" and very "sleep disturbed."<sup>58</sup> Schaeffer's case notes hit all of the major touchstones of the disorder: invasive re-experiencing of trauma, manic behavior, irritability and insomnia. It is possible, though we cannot know for sure, that Schaeffer was drinking to tamp down the memory of his war experience. St. Elizabeth's alienists, though, could not have known that. He lingered in the asylum until 1907, when he finally passed away.<sup>59</sup> Alienists mistakenly believed that intemperance could be a cause of mental illness, rather than what modern psychiatrists believe, a symptom or result of mental illness.

In addition to their increasing awareness of intemperance, the war also engendered some subtle yet significant changes in how St. Elizabeth's psychologists viewed the relationship of the war and mental illness. As we have already explored, during the war psychologists at St. Elizabeth's relied on traditional theories of mental illness to explain and diagnose insane soldiers. The majority of cases were believed to have been caused by disease. Following

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<sup>57</sup> Register of Cases at St. Elizabeth's, Entry 64, Record Group 418, Records of St. Elizabeth's Hospital.

<sup>58</sup> Case History, ND, Andrew Schaeffer, Case 4797, Box 26, Entry 66, Record Group 418, St. Elizabeth's Hospital Records, National Archives and Records, Washington, D.C.

<sup>59</sup> Register of Cases at St. Elizabeth's, Entry 64, Record Group 418, Records of St. Elizabeth's Hospital.



Appomattox, however, in some subtle yet significant ways, alienists began to see the influence the conflagration had on the mental health of its soldiers. In sixty cases, psychologists at the institution diagnosed “army life” as the cause of insanity among Civil War veterans housed in its wards. “Army life” was a vague diagnosis that often was believed to be a confluence of factors that unmoored a man’s mind that otherwise would not have occurred had the patient never volunteered for the war. Theoretically, the diagnosis was still heavily tied to the moral theory of insanity. But this new diagnosis that physicians at St. Elizabeth’s were employing demonstrated that they were beginning to recognize the unique role the war played in driving some men to madness. While they were nowhere close to modern psychiatric trauma theory, St. Elizabeth’s alienists were beginning to do the early work of connecting the dots between fighting in the war, and mental illness.<sup>60</sup>

Simon Malott was an Indiana native who volunteered with the Eighth Indiana Infantry as a private. After fighting at the Battle of Rich Mountain, the Eighth Indiana Infantry was then transferred to General Fremont’s Army in Missouri. Shortly thereafter it was then reassigned to the Thirteenth Corps, in Grant’s army, where the regiment fought in battles at Port Gibson, Jackson, Champion’s Hill and Vicksburg.<sup>61</sup> After the war was over, Malott reenlisted with the regular army, serving stints in the Eighth U.S. Cavalry and the Eighteenth U.S. Infantry, which carried him first to New Mexico and then to Wyoming. In 1884, he began to show signs of mental illness, and the army discharged him. He was sent first to the Soldiers Home, but he was not there long. In 1885 the Soldiers Home shuffled him to St. Elizabeth’s. Asylum psychiatrists

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<sup>60</sup> Ibid.

<sup>61</sup> War Department Record of Service, ND, Soldier's Certificate No 353665, Private Simon H. Malott, Company H, 8<sup>th</sup> Indiana Infantry, Civil War and Later Pension Files; Records of the Department of Veterans Affairs; Record Group 15; National Archives and Records Administration, Washington, D.C.

diagnosed him with “acute melancholia” caused by “army life.”<sup>62</sup> Army life was a loose, vague diagnosis that factored in the holistic physical experience of soldiering, such as exposure, disease and emotional control. Though it was vague, asylum alienists were beginning to connect war experience with mental illness. In 1863, Simon Malott had applied for and received a pension. The Malott family doctor, Dr. Colin Fite, told pension officials that Simon suffered with “emotional insanity.” At most times, Simon seemed “rational ordinarily” but he was “liable at any time” to “lose control of his judgment” and “become excited” and “unable to act rationally or intelligently.”<sup>63</sup> Malott’s legal guardian, David Swatson, told officials that most times Simon “could talk fairly rationally and sensibly” at on a variety of subjects, but without warning he “would fly to pieces in an instant.”<sup>64</sup> For a time, Simon was also an alcoholic, who endeavored to get his hands on liquor and throw himself into a bottle whenever he could. “Soldier drank for quite a time on money I gave him,” David Swatson remembered, “and on what credit he could get until I warned the saloon keepers to discontinue to trust him.”<sup>65</sup> David Swatson sent Simon to a “Gold Cure Institution” which he thought cured Simon’s “drinking propensities.”<sup>66</sup>

Dr. Leslie Keeley and John Oughton, who opened what they called the Keeley Institute in Dwight, Illinois, created the Gold Cure. The Keeley Cure, or Gold Cure as it was sometimes called, became wildly popular during the Gilded Age. At its height, more than 200 Keeley Institutes were opened and operated in the country. The famous cure was daily injections of bichloride of gold, as well as tonics and rest. The cure was highly criticized by medical professionals as quack science, and rightly so, since it had no medical benefits. However,

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<sup>62</sup> Register of Cases at St. Elizabeth’s, Entry 64, Record Group 418, Records of St. Elizabeth’s Hospital.

<sup>63</sup> Colin Fite, M.D., Affidavit, 28 October 1899, Simon Malott Pension Record.

<sup>64</sup> David Swatson Affidavit, 10 October 1899, Simon Malott Pension Record.

<sup>65</sup> Ibid.

<sup>66</sup> Ibid.

historians have recognized the Keeley Institute had some significant contributions to the theory and treatment of alcoholism. During a time when alcoholism was viewed as moral failure, Dr. Keeley believed alcoholism was a disease, which predated modern ideas of addiction.<sup>67</sup>

Simon Malott was a patient in St. Elizabeth's from 1885 until 1896, when they discharged him as "improved." He returned to Indiana, his home, and married Sevilla Stephenson, who up until that time was a widow. The newly married couple moved to a farm a few miles outside of Marion, Indiana. Sevilla's husband, however, was not improved for long, and continued to struggle with mental illness. She ran a mildly profitable business, which combined with Simon's pension, left the two financially comfortable. Simon, however, was practically useless when it came to helping Sevilla labor in the business or around the house. Sevilla told pension officials that Simon endured "spells of despondency" and would sometimes "sit for several hours without speaking to anyone."<sup>68</sup> Moreover, Simon suffered from insomnia and would get "so nervous at night" that he was "unable to sleep." Instead, he would "get up" "smoke" and "walk the floor" all night or until he finally collapsed with exhaustion.<sup>69</sup>

While Simon was clearly not improved, he was manageable. Sevilla continued to care for him at home, rather than sending him back to the asylum. He would often go into Marion to get groceries, and perform minor chores around the house. Although he probably did not have PTSD, since there was no invasive re-experiencing of trauma (that we know of), it seems likely that his time in uniform affected him in some way. And although they did not know how or why, St. Elizabeth's physicians were beginning to make this connection.

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<sup>67</sup> Marten, *Sing not War*, 115.

<sup>68</sup> Sevilla Malott Affidavit, 5 October 1899, Soldier's Certificate No 353665, Private Simon H. Malott

<sup>69</sup> Ibid.

Civil War veterans continued to make up a large number of the patients in St. Elizabeth's during the Gilded Age. Many former Yankee soldiers were ghosts of their former selves, crippled with anxiety, nervousness, paranoia and depression. Many, like Augustus Hathaway, perseverated for years. Augustus Hathaway came home to Hudson, Michigan after his discharge from the Eighteenth Michigan Infantry in 1863 "appearing loony & flighty in mind."<sup>70</sup> Neighbors remembered "he seemed scared to death" and others frequently heard him "complain of not feeling well, feeling dull and lacking energy."<sup>71</sup> Clement Hathaway, Augustus' father, remembered that his son had "spells of moroseness and sadness" for years after the war.<sup>72</sup> He was admitted to the hospital in 1872 suffering with "chronic mania" supposed from a sunstroke, and he stayed there until his death in 1895.<sup>73</sup>

Other men came home from the war riddled with anxiety and nervousness. Years spent battling illness and disease, or the experience of fighting in battle could wreck a man's nerves. Samuel Griffith Moss could not help but notice his neighbor Jacob Fife, a veteran of the First Ohio Cavalry, had "no control of himself" and was "quite nervous," growing "worse and worse" as the years went by.<sup>74</sup> This nervousness did not go away, eventually convincing many of his Guernsey County neighbors that he suffered with "nervous prostration." Because he was totally unable to perform physical labor and sustain himself, he spent a few years at the National Home

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<sup>70</sup> Samuel Church affidavit, ND, Soldier's Certificate No. 789950, Private Augustus Hathaway, Company A, 18<sup>th</sup> Michigan Volunteer Infantry, Civil War and Later Pension Files; Records of the Department of Veteran Affairs; Record Group 15; National Archives Building, Washington, D.C.

<sup>71</sup> James S. Riddle Affidavit, 16 August 1872, Augustus Hathaway Pension Record.

<sup>72</sup> Celement Hathaway Affidavit, 16 August 1872, Augustus Hathaway Pension Record.

<sup>73</sup> Register of Cases at St. Elizabeth's, Entry 64, Record Group 418, Records of St. Elizabeth's Hospital.

<sup>74</sup> Samuel Griffith Moss Affidavit, N.D., Widow's Certificate No. 464980, Private Jacob L. Fife, Company B, 1st Ohio Cavalry, Civil War and Later Pension Files; Records of the Department of Veteran Affairs; Record Group 15; National Archives Building, Washington, D.C.

for Disabled Volunteer Soldiers, at the Central Branch. But they did not keep him long, eventually sending him to St. Elizabeth's. Alienists there described him as "full of delusions" and although he was "not violent" he did "require watching."<sup>75</sup>

Many other psychologically damaged veterans came home and developed extreme paranoia. Everywhere they looked they saw people, sometimes their own family, conspiring against them. However unnatural, many veterans of the war believed many people were out to get them, intent on ruining them. William Copples was a twenty-five-year-old laborer who enlisted in the First Michigan Cavalry in 1861. He was discharged in 1863, and reenlisted in the First Connecticut Battery, serving until the summer of 1865. Fifteen years after the war, Copples was subject to crippling paranoia. "He imagines he is pursued by enemies," a physician wrote in 1884, "who are continually persecuting him and giving him a great deal of trouble." Of course, this was all in their heads, but no one could seem to convince them otherwise.<sup>76</sup>

St. Elizabeth's underwent several traumatic and radical changes during the Gilded Age. The first was an abrupt and painful change in leadership. During the 1870s, the experiment of Republican rule in the South began to come to a quick and sometimes violent close. One by one, southern states were "redeemed" by white southern Democrats. Redeemers immediately began to disfranchise black southerners, and destroy Republican institutions by slashing state budgets. In 1874, Democrats swept into Congress, retaking Capitol Hill for the first time since before the war. Democrats rode in on a wave of supposed reform, criticizing the repeated and embarrassing scandals of the Grant administration. Congressional Democrats continued their goals of

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<sup>75</sup> Jacob Fife Case History, Case 5953 Jacob L. Fife, Box 47, Record Group 418, Records of St. Elizabeth's Hospital.

<sup>76</sup> Case Notes, Henry Vayhinger, Case File 5970, Henry Vayhinger, Entry 66, Box 47, Record Group 418, Records of St. Elizabeth's Hospital; Case History of William Copples, Case File 7093, William Copples, Entry 66, Record Group 418, Records of St. Elizabeth's Hospital.

destroying Republican institutions and they set their sights on St. Elizabeth's. Patient complaints were common since the asylum opened in 1855, but since most patients were psychologically disturbed, no one really took them seriously. Congressional Democrats, in an attempt to discredit the institution, took them seriously. In 1876, Congressional Democrats opened an investigation of Dr. Charles Nichols and his management of the institution. Nichols was suspected of graft, mismanaging the hospital's resources and abuse and neglect of patients. Nichols had to hire a lawyer and sit through three months of testimony, by former employees and patients, accusing him of a wide range of violations, from petty theft to concealing the wrongful death of patients.<sup>77</sup> Nichols' lawyer trotted out a litany of prominent Washington citizens and preeminent physicians who testified on Nichols' behalf. Dr. Grafton Tyler, who was a member of the first board of visitors to the asylum until he resigned his post on the eve of the Civil War, testified that "if he himself should become insane" he would want "to be placed under Dr. Nichol's care."<sup>78</sup> Dr. W.W. Godding, who had been an assistant physician at St. Elizabeth's and by 1876 was the superintendent of Massachusetts State Lunatic Hospital, testified that he believed Dr. Nichols was "fitted" for the position because of his "kindness of heart, devotion to his work, breadth of mind, and his ability to do to an unusual amount of work."<sup>79</sup> During the trial, Nichols' counsel, Peter Vorhees, skewered many of the witnesses who testified against Dr. Nichols, such as Samuel Johnson, who testified that while in Dr. Nichols' care at the hospital, his toes froze and were amputated because of frostbite. Vorhees brought up doctors who recalled that Johnson had

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<sup>77</sup> Milliken, "Wards of the Nation," 85-95.

<sup>78</sup> *National Republican* (Washington, D.C.), 2 May 1876.

<sup>79</sup> *Ibid.*

been “drunk a long time”, suffered with “delirium tremens” and had been “greatly exposed” from drinking too much and passing out, which could have resulted in his damaged toes.<sup>80</sup>

Congressional Democrats were forced to acknowledge that no graft or mismanagement of any kind could be definitively linked to Dr. Nichols. However, on the charge of patient abuse and neglect, they were less inclined to throw out the charges. While Dr. Nichols was not held accountable, the Congressional investigation did believe that abuse and neglect of patients had occurred. The blame, though, was thrown at the feet of the hospitals’ many attendants. This abuse stemmed primarily from the “trying nature of their job.” The work of caring for the insane was so “disagreeable” that it was nearly impossible to retain attendants “for any considerable length of time.”<sup>81</sup> The challenging work of an asylum attendant—constantly cleaning up after patients and dealing with frequent verbal and physical abuse—made the job unattractive to many. Frequent employee turnover, or what we might call burnout today, contributed to the problem of patient abuse and neglect. For example, of the 346 attendants the hospital employed from 1871 to 1876, only seven had served more than five years. The vast majority—seventy-one percent—had quit or were relieved within their first year; half had quit before their sixth month of work.<sup>82</sup>

In addition to the challenging work, many attendants left the hospital because the pay was not competitive with other private asylums. Inadvertently, the trial drew the public’s attention to the plain fact that St. Elizabeth’s was overcrowded and underfunded. Surgeon General Joseph K. Barnes, who was also a member of the hospital’s board of visitors, testified that the hospital had

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<sup>80</sup> Ibid.

<sup>81</sup> Millikan, “Wards of the Nation,” 85-95.

<sup>82</sup> Ibid., 95.

“750 men crowded into a space calculated for 550.”<sup>83</sup> The wards were bulging, there were “two in a room which one should be in” and the hospital could not organize the wards by behavior, so docile patients were forced to share a room with “violent patients.” The hospital had been requesting more funds from Congress to expand the facilities and relieve the overcrowding, but all to no avail. Barnes told Congress: “we have been begging for years to have more room.”<sup>84</sup>

Despite being vindicated of the charges, Dr. Nichols had apparently had enough. After the investigation concluded, he resigned as superintendent of St. Elizabeth’s and took a superintendent position at Bloomingdale Asylum in New York. Nichols’ replacement was Dr. William W. Godding. Godding was a Massachusetts native who had previously been an assistant physician at the New Hampshire Insane Asylum at Concord and at St. Elizabeth’s before becoming superintendent of the Massachusetts Insane Asylum. Godding was a kindly looking man, who kept a cul-de-sac of thinning hair shortly cropped, a long flowing beard, and had drooping eyelids which gave the impression that he was extremely relaxed and calm.

He came out with guns blazing and in his first annual report, demanded that Congress appropriate more funds for the hospital to relieve the overcrowding. Refusing to do so, Godding argued, risked turning the hospital into a second-class institution:

“The overcrowding has been the notable feature of the year; and so it is that the government hospital, which should be in a position to show to other nations the liberal provision that America makes for her defenders when they become insane, is crowded like an almshouse, and while this hospital has served as a model for one building in the British provinces and another in Australia, it is now in danger of remaining stationary or retrograding, when it might stand first in everything that pertains to the most successful care and management of the insane. Surely the United States in her charities can afford to take no second place—give us room and she shall not.”<sup>85</sup>

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<sup>83</sup> *National Republican* (Washington, D.C.), 20 May 1876.

<sup>84</sup> *Ibid.*

<sup>85</sup> Milliken, “Wards of the Nation,” 114.



Godding's frontal assaults were successful and funding for construction was allotted to St. Elizabeth's. In fact, during Dr. Godding's twenty-two-year tenure, there was almost continual construction on some kind of project. But like, his predecessor, Congress forced his hand as well. In 1882, Congress passed legislation that stipulated insane soldiers housed at the National Home for Disabled and Volunteer Soldiers could be transferred to St. Elizabeth's. This was a devastating blow to Godding and his vision for the hospital. Cases of chronic mental illness had been accumulating at the Soldiers Homes throughout the 1870s and 1880s, and most of the transfers would become lifelong patients, leaving only when the mortal coil was severed. This put continual pressure on the hospital, and despite a \$65,000 appropriation to build a 150-bed cottage for Soldiers Home transfers, neither the funds nor the construction could keep up with the flow of chronic patients from the Soldier's Homes. The hospital would remain very nearly permanently overcrowded. Moreover, this new legislation made the hospital even more of a military treatment institution. Between 1883 and 1884, the number of veteran admissions doubled.<sup>86</sup>

In 1887, William Wittich was transferred to the hospital from the Central Branch of the NHDVS. Wittich had been a private in the Twenty-Eighth Pennsylvania Infantry, and had been wounded in the hip and forearm at Harper's Ferry in 1862. He came back to the City of Brotherly Love a different man than the one who had marched off to war. His injury, combined with his increasing mental instability, landed him in a Philadelphia Almshouse in 1874. Eventually he was sent the Soldiers Home in Dayton. But once he arrived, Wittich began to mentally unravel even more, so much so, that the home briefly discharged him in 1884. "He has been treated with extraordinary levity, knowing that he is an insane invalid," wrote Justin

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<sup>86</sup> Ibid., 120.

Chapman, the adjutant of the home, to a relative, Louisa Selretz.<sup>87</sup> Officials in the home had tried to be accommodating, but Wittich was just too disruptive and they were not equipped nor trained to deal with him. Moreover, Wittich was intemperate or a chronic masturbator, it is unclear which. “As he has, for some time past been under evil influences, and is very obstinate, it became necessary to discharge him,” Chapman wrote.<sup>88</sup> “Evil influences” was code for alcoholism or masturbation. The home eventually took him back, and in 1888, transferred him to St. Elizabeth’s. He was diagnosed with “chronic melancholia” from “army life.” The ward physician wrote that Wittich suffered with “profound mental depression” and would remain “in deep abstraction for hours.”<sup>89</sup> Wittich, like most NHDVS transfers, was a chronic case, staying in the hospital until his death in 1920.

Perhaps because of this, Godding came to believe, even more than his predecessor, that fighting in the war could drive some men insane. Under his stewardship, the hospital physicians continued to believe some mentally ill veterans had been driven insane from “army life.” By the end of the Gilded Age, Dr. Godding began to draw even more explicit connections. In a speech in 1897, Dr. Godding remembered a patient who was a lieutenant in a volunteer regiment in the Civil War who in the intervening years was admitted to the Soldiers Home. Before the war he had been a “model young man, amiable and affectionate” but after the war, even his family could not tolerate him, believing him “possessed of a devil if ever anyone was.”<sup>90</sup> He was outrageously licentious, having regularly corresponded with “several women in various places” and was

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<sup>87</sup> Justin Chapman to Louisa Selretz, 6 May 1884, Soldier's Certificate No. 31054, Private William Wittich, Company N, 28th Pennsylvania Volunteer Infantry; Civil War and Later Pension Files; Records of the Department of Veterans Affairs; Record Group 15; National Archives Building, Washington, D.C.

<sup>88</sup> Ibid.

<sup>89</sup> Surgeon’s Certificate, 26 May 1888, Soldier's Certificate No. 31054, Private William Wittich.

<sup>90</sup> Manuscript of Dr. W.W. Godding, 1897, 14-15, Entry 27, Record Group 418, Records of St. Elizabeth’s Hospital, National Archives, Washington, D.C.

apparently “engaged to be married to each one of them.”<sup>91</sup> His postwar behavior horrified his friends, who believed him an example of “total depravity.” He was committed and after the former soldier died, an autopsy was performed, and doctors found he had been shot in the head during the war, with two-thirds of the projectile still lodged in his brain. “Instead of being an outrageously wicked, unprincipled man,” wrote Godding, “he was a martyr to the Union cause, as much as Abraham Lincoln, and more, for the ball not only took his life but destroyed his character, lost him the love and esteem of his friends, and doomed him for half a dozen years to do the things he would have most despised and hated when himself.”<sup>92</sup>

This was a remarkable speech by the superintendent of St. Elizabeth’s. Thirty years earlier, Dr. Charles Nichols had been supremely confident that the war was a nonfactor in the record number of admissions the hospital was receiving while the conflict raged. Now, over thirty years later, his successor Dr. Godding was making an explicit link between war service and mental illness. Godding was incredibly empathetic, believing that mentally ill veterans were martyrs to the Union cause, more so than Abraham Lincoln. This is amazing because this man was considered possessed by the devil, and completely depraved by his friends and family. He had multiple engagements with separate women, which was incredibly shameful in polite society. Yet, Godding saw in this man a clear example of a man who had been psychologically set adrift by the war. He understood him, felt for him, when no one else did.

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<sup>91</sup> Ibid.

<sup>92</sup> Ibid.

## CHAPTER 5

## “The Confederacy is Dead”

“The Confederacy is dead,” Samuel Agnew bluntly noted in his diary at the end of April 1865.<sup>1</sup> Agnew was a South Carolina native who felt a calling to spread God’s word and moved to Mississippi in the 1850s, he kept a diary that bore witness to the tumultuous events of the war in Mississippi. For men like Agnew, surrender did not just signify the end of armed conflict but the unraveling and eventual destruction of white southerners’ identity as members of the Confederacy.<sup>2</sup> Many of the ties that were forged during secession and enlistment broke under the weight of surrender. In the wake of defeat, most former Confederates turned to more familiar ties of family and home to buoy their spirits and heal their mental and physical wounds.

In the years following Confederate defeat, many former rebels found their minds unraveling in frightening ways. Using records of three southern insane asylums—Milledgeville Insane Asylum in Georgia, South Carolina Lunatic Asylum in Columbia, and Western State Asylum in Virginia—this chapter seeks to chart mental illness among former Confederates to discover profitable points of comparison between southern and northern incidents, treatment, and

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<sup>1</sup> Samuel Agnew Diary, 19 April 1865, Southern Historical Collection, University of North Carolina, Chapel Hill.

<sup>2</sup> Anne Sarah Rubin, *The Rise and Fall of the Confederacy*; David Christopher Williard, ““What a Fall There Was-My Country Ruined!”: Confederate Soldiers and Southern Society, 1861-1880” (Dissertation: University of North Carolina, 2012), 3-4; Stephen W. Berry, *All That Makes a Man: Love and Ambition in the Civil War South* (New York: Oxford University Press, 2003), 196.

understanding of war-related insanity. The evidence is far from empirical, but it does suggest that southern veterans were more violent and suicidal than their northern counterparts.

In the South, there was no federally funded asylum such as St. Elizabeth's. Mental health was deeply decentralized, and each asylum, most of which were state sponsored, was its own kingdom. Consequently, each had surprising divergences in how they interpreted and treated mental illness. Some patterns emerge, however. Southern asylum superintendents continued to believe in the tried and true causes of insanity as held by moral therapy: masturbation, hereditary influence, disease, financial setbacks and marital failures. However, southern asylum superintendents ultimately proved more willing than physicians at St. Elizabeth's to trace the mental breakdowns of their patients to their experiences in the war.

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In 1865, the world the slaveholders made crumbled into ruin. In Petersburg, Grant's Army of the Potomac surrounded Robert E. Lee's Army of Northern Virginia. The Army of Tennessee was destroyed, after John Bell Hood recklessly dashed it upon the bayonets of the Army of the Cumberland at Nashville and Franklin. William Sherman's Army of the Tennessee had cut loose of its moorings in Atlanta and was rampaging through the Deep South, virtually unopposed. "What is your opinion about our present situation?" Lavender Ray, a Georgian, wrote to his Father in February 1865. "It appears gloomy enough, but I hope and think we will yet be independent. Our only hope is to fight until we conquer a peace." Many Confederates along with Ray held meetings and "resolved to fight 99 years if necessary." They did not know it, but the war would be over in a month.<sup>3</sup>

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<sup>3</sup> Lavender Ray to his Father, 14 February 1865, Lavender R. Ray Papers, Georgia Department of Archives and History, Morrow, Georgia; Jason Phillips, *Diehard Rebels: The Confederate Culture of Invincibility* (Athens: The University of Georgia Press, 2007), 2.

Other Confederates were less optimistic. They saw events with clear eyes and often realized that there was no hope and their cause was doomed. Some of these men deserted, an estimated 100,000 Confederates unconverted and went back home. “Let me know what your notions are,” J.H. Jenkins, a soldier in Colquitt’s Brigade, wrote his wife Sallie in January 1865. “I will tell you what mine are: I am whipped. Sallie, we are a ruined people. There is no chance for us.” Jenkins believed that the best option for the Confederacy was “to go back into the Union,” even though it almost assuredly meant “[t]he Negroes are certain to be set free.” In Jenkins’ mind, there was simply nothing more that could be done. “Sallie, we have done all that we can,” he wrote.<sup>4</sup>

With the fall of Fort Fisher in North Carolina, and Sherman marching unimpeded through the Tar Heel State, men left the army in droves to see to the safety of their families and communities. By the end of March, Lee’s force was a shadow of its former self when Grant delivered the deathblow. On March 29<sup>th</sup>, at the Battle of Five Forks, the Confederates collapsed and began a retreat toward Amelia Courthouse. “If we, the Army of Northern Virginia, are defeated, all is lost,” wrote James E. Whitehorn, a soldier in the Twelfth Virginia Infantry. “We must bow in submission.”<sup>5</sup> The retreat was brutal for the Confederates, many of whom recognized how dire the circumstances truly were. Being at the precipice after four years of fighting, and hampered with hunger and exhaustion, combined to nearly break down many Confederates. “Papers, clothing, blankets, utensils dropped by men who are breaking after four

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<sup>4</sup> J.H. Jenkins to Sallie Jenkins, 21 January 1865, Jenkins/Jones Family Papers, 1862-1883, Georgia Department of Archives and History, Morrow, Georgia.

<sup>5</sup> J.E. Whitehorn Diary, 2 April 1865, Southern Historical Collection, University of North Carolina, Chapel Hill.

years of strain,” Whitehorn wrote in his diary. “This retreat is doing terrible things to our minds.”<sup>6</sup>

On April 9<sup>th</sup>, Whitehorn and the other men in the Twelfth Virginia were busy digging a trench to create breastworks, when a general passing by told them to stop. It was no longer necessary, he told Whitehorn, the war was over. At first Whitehorn did not believe it. After all, they had been almost daily assaulted by rumors of victory, defeat, foreign intervention, and everything in between. But very quickly, Whitehorn, and the other men of the Twelfth Virginia realized the veracity of the rumor. “I never expected to see men cry as they did this morning,” Whitehorn wrote in his diary of Lee’s surrender. “All the officers cried and most of the privates broke down and wept like little children, and Oh, Lord! I cried too.”<sup>7</sup> Through four years of fighting, treasured leaders and valued comrades had stained the soil of the South with their lifeblood. That sacrifice seemed all for naught now, as Confederates stacked up their arms and folded their flags. “Is it not hard?” Daniel Huger wrote his Mother a few weeks following the surrender. “Four yrs.[sic.] hard fighting & the best blood of our country all wasted—worse than wasted!”<sup>8</sup>

William Fletcher, a member of the Thirteenth Arkansas, had very little memory of the days immediately following Appomattox. He stumbled through the next few days in a kind of post-traumatic haze. The shock of defeat had turned him inside out, and to protect himself, he walled off every emotion. “I think I passed a few days of the blankest part of my existence,” Fletcher remembered. “I seemed to have no thought of the past, present, or future. How long

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<sup>6</sup> J.E. Whitehorn Diary, 4 April 1865, Southern Historical Collection, University of North Carolina, Chapel Hill.

<sup>7</sup> J.E. Whitehorn Diary, 9 April 1865.

<sup>8</sup> D.E. Huger to Eliza Huger, 21 April 1865, in Daniel E. Huger Smith, Alice R. Huger Smith, and Arney R. Childs, eds., *Mason Smith Family Letters, 1860-1868* (Columbia: University of South Carolina Press, 1950), 197.

one's mind could have remained in the condition as I felt, without some order or transformation, or as it were, a changed man, I do not know.”<sup>9</sup>

It was a relatively bloodless peace, among former combatants. There were no military tribunals, no mass executions, no genocidal final solutions, and no mass rape events. Lower level Confederate soldiers were mostly on their own to get back home. Since many railroads had been torn up, that meant many had to walk. Some Confederates simply left when they were ready; others waited to formally fill out their discharge paperwork. On the night of April 12<sup>th</sup>, blank discharge papers arrived to the Twelfth Virginia Infantry. James Whitehorn and several comrades set up a candle and spent the night finishing the paperwork. The next morning, they took leave of the Confederacy and set out for home. Along the way, they appropriated mules and horses they found (or stole), and they begged for food when they were hungry. At one house along the way “a very pretty lady of about twenty years” welcomed Whitehorn and his tired companions and baked them bread.<sup>10</sup> After four years of fighting with men, being in the presence of a woman was entrancing for Whitehorn. “She made me feel that the world had not really come to an end,” he scribbled in his diary.<sup>11</sup> The next afternoon, they stopped at another house, where a woman “gave us as much bread and buttermilk as we could hold.”<sup>12</sup>

While many southerners welcomed returning rebels and treated them to a warm meal and hot cup of coffee, other lived in fear of the Confederate homecoming. Parts of the South unraveled into lawlessness in the months following surrender. Returning Confederates stole government property, such as mules, wagons and cotton, thinking it their due for years of hard service. When no more government cotton was available to steal, some ex-soldiers leveled their

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<sup>9</sup> Fletcher, *Rebel Private Front and Rear*, 194.

<sup>10</sup> J.E. Whitehorn Diary, 13 April 1865.

<sup>11</sup> Ibid.

<sup>12</sup> J.E. Whitehorn Diary, 14 April 1865.



gaze at private property. When he returned to the Lone Star State, former Confederate Senator William Oldham found Texas to be in a frightening state of “anarchy.” Once news of the surrender reached them, soldiers “broke loose from all military restraint and engaged in wholesale plundering,” robbing people of “horses, saddles, bridles and watches, and money.”<sup>13</sup> The situation became so dire that Oldham ironically noted many Texans “were anxious for the speedy advent of the Yankee soldiers” to end the lawlessness and restore order.<sup>14</sup>

Former Confederates returned home from the war often depressed and forlorn. In addition to having lost the war, they came back to a devastated South, with some regions in near ruin. Major city centers such as Atlanta, Columbia, and Charleston had endured significant damage. Along the interior, rail lines were torn up, mills burned, fences torn down, livestock stolen, and many crops trampled, appropriated or burned. Half a million slaves had fled bondage during the war; the remaining three and a half million would be irrevocably freed with the arrival of Union troops. Billions of dollars in real and human property had been obliterated. Floride Clemson’s brother Calhoun came home from a prisoner of war camp in June 1865 “graver” “very profane” and “roughened in his every day manners.”<sup>15</sup> Kate Stone’s brother Jimmy came home to Louisiana “a poor discouraged boy.”<sup>16</sup> Another brother arrived shortly thereafter, and in a much more depressed state. Kate was concerned by his reticence. “How exceedingly quiet he is. Rarely talks at all,” she wrote. “[B]eing in the army has intensified his silence and reserve,

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<sup>13</sup> W. Buck Yearns, ed., *From Richmond to Texas: The 1865 Journey Home of Confederate Senator Williamson S. Oldham* (Dayton: Morningside, 1998), 97.

<sup>14</sup> *Ibid.*, 98.

<sup>15</sup> Charles M. McGee, Jr. and Ernest M. Lander, Jr., eds., *A Rebel Came Home: The Diary and Letters of Floride Clemson, 1863-1866* (Columbia: University of South Carolina Press, 1989), 88-89.

<sup>16</sup> John Q. Anderson, ed., *Brokenburn: The Journal of Kate Stone, 1861-1868* (Baton Rouge: Louisiana State University Press, 1955), 346.

and he seems to take little interest in hearing others.”<sup>17</sup> In addition to his newfound silence, he was exceedingly melancholy regarding the surrender and loss of the war. For many former Confederates, reconciling the immense loss and suffering with surrender was extremely difficult. “He feels the bitterness of defeat more than anyone we have met,” Kate wrote. “He cannot reconcile himself to give up everything but honor.”<sup>18</sup>

As southern men’s identity began to shift back to providing for their families and communities, they sometimes worried about measuring up. While he was recovering from a grievous injury, Reuben Wilson, a former officer in the First Battalion North Carolina Sharpshooters, worried about providing for his dependents. His injury and the death of the Confederacy had been major physical and emotional blows for Wilson. He had at times wished for death, but this desire to provide for those back home kept him going. “I can’t describe the amount of pain and suffering I have undergone,” Reuben wrote his Aunt Julia Jones, “death would have been a relief at any time since I was wounded and I would rather be dead to day than alive was it not for my Mother Julie and George but I feel it my duty now to do all I can to assist them.”<sup>19</sup>

At the same time, labor and work became an escape for many former Confederates. The humiliation of defeat, the destruction of the South, and the obliteration of slavery were all incredibly shocking new post-war realities these men had to deal with. To reckon with these developments, or sometimes to forestall that day, many ex-rebels devoted themselves to work. Walter Lenoir, a veteran of the Twenty-Fifth North Carolina who had lost his leg in 1862, moved to a farm in Western Carolina after the war where he poured all of himself into his labor. “I am

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<sup>17</sup> Anderson, ed., *Brokenburn*, 363.

<sup>18</sup> *Ibid.*, 363.

<sup>19</sup> Reuben Wilson to Julia Jones, 13 May 1865, Jones Family Papers, Southern Historical Collection, University of North Carolina, Chapel Hill.

not yet so old or so crippled as not to feel the instructive impulse which prompts a man to love to cope with difficulties and to overcome them,” Lenoir wrote his sister in 1866. “I find myself continually illustrating this even in my imperfect attempts at manual labor...I soon find myself on the roughest ground or attacking the crabbedest[sic] bush, or at the waters[sic] edge with my wooden foot in the stream,” he wrote.<sup>20</sup>

It was the destruction of slavery and the emancipation of slaves that seemed most to aggrieve former Confederates and white southerners in general. Losing to Yankees was one thing; losing to African-Americans another. Race had been a major component of southern identity in the years before the war, and Southerners rallied quickly to maintain white supremacy through politics and violence. As he recovered from his injury, Reuben Wilson urged everyone back home in North Carolina to take the oath of allegiance, because it was likely a prerequisite to voting and sending proslavery forces back to Washington. “By sending good men to the legislature we will be able to elect good men senators to go to Washington if every southern state will send two good senators...we will be able to check the republican party in their wild scheme.”<sup>21</sup>

Other former Confederates fought the destruction of slavery not by politics but on a local, personal level. The abolition of slavery not only liberated former slaves but upended labor relationships. Many former slaves packed up and left their plantations to find long lost family or new employment. Former slaves who stayed began to negotiate their relationships with their former masters turned employers. They demanded payment for their labor, and would no longer suffer the lash. Former Confederates viewed these developments as personal affronts by

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<sup>20</sup> Walter Lenoir to Sade Lenoir, 23 November 1866, Lenoir Family Papers, Southern Historical Collection, University of North Carolina, Chapel Hill.

<sup>21</sup> Reuben Wilson to Julia Jones, 13 May 1865, Jones Family Papers.

ungracious former slaves. Some former Rebels sought to resist these developments by verbal or physical violence. “Charles, thank Heaven, is very well and just the same immaculate darling he always was,” Eva Jones wrote a relation after her husband Charles returned to Augusta following the close of the war, “but just now so deeply and exclusively busy at the plantation earning his daily bread ‘by the sweat of his brow.’”<sup>22</sup> Eva Jones believed emancipation to be “a most unprecedented robbery, and most unwise policy” and she seemed personally wounded when several former slaves “departed in search of freedom, without bidding any of us an affectionate adieu.”<sup>23</sup> Several former slaves remained on the Jones’ plantation, and attempted to renegotiate their condition as employees. Charles Jones did not take kindly to the attempted renegotiation, nor did his wife. “The Negroes at Indianola wanted to give a little trouble during his last visit,” Eva wrote a relation, “but he soon straightened them up, and now they are behaving very well.”<sup>24</sup> Likely, Charles verbally or physically abused his former slaves, refusing to accept that power relations had altered between him and his laborers. This was Charles’ way of denying the change that emancipation had brought to the South. Violence against former slaves would become widespread throughout the postwar South, much of it perpetrated by former Confederates.

To many of these former Confederates, the thought of returning to civilian life seemed unbearable. After years of marching, sweating and fighting, going back to civilian life did not prove to be particularly attractive to many southern men. “The war has been going on so long I can't realize what a man would do now it's over,” James Whitehorn scribbled in his diary after Lee surrendered. “All I know is to drill, and march, and fight. How can we get interested in

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<sup>22</sup> Eva Jones to Mary Jones, 13 June 1865, in Robert Manson Myers, ed., *The Children of Pride: A True Story of Georgia and the Civil War* (New Haven: Yale University Press, 1972), 1273.

<sup>23</sup> *Ibid.*, 1274.

<sup>24</sup> Eva Jones to Mary Jones, 27 June 1865, in *The Children of Pride*, 1276.

farming or working in a store or warehouse when we have been interested day and night for years in keeping alive, whipping the invaders, and preparing for the next fight!”<sup>25</sup>

Defeat and the return to civilian society caused many Confederates emotional anguish. Life after the war was just missing something. Wracked by emotional ups and downs, victims of frequent and exhausting depression, and sometimes a desire to pull up stakes and move, veterans were awash in peripatetic rage. Phillip Stephenson returned to St. Louis a depressed and beaten down boy after serving in the Thirteenth Arkansas Infantry and the Washington Artillery. Relinquishing his identity as a Confederate in exchange for a civilian seemed almost impossible. He had thought about going to Mexico, but quickly decided against it. His parents urged him to resume the studies he had left to go to war, a prospect that did not interest Stephenson at all. “What! I become a school boy again! I, who had been playing the man for four bloody years,” Stephenson remembered.<sup>26</sup> During those years Stephenson struggled to understand what was going on inside of him, and to rein in his conflicting emotions. Much of it centered on his depression in the wake of the Confederate defeat and his struggle to relinquish that identity. “My heart was sick unto death with crushed hopes I had lost all interest in life and faith in humanity and well nigh lost all faith in God,” Stephenson remembered.<sup>27</sup> At that time life as a civilian amidst the ashes of the Confederacy were anything but attractive. “Life’s prospects stretched before me, a dreary sterile flat, and I looked on it with loathing,” Stephenson recalled. “I felt that force, fraud, fawning and falseness had triumphed and were ‘on top’ and that all good and

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<sup>25</sup> J.E. Whitehorn Diary, 9 April 1865.

<sup>26</sup> Nathaniel Cheairs Hughes, Jr., ed., *The Civil War Memoir of Philip Daingerfield Stephenson, D.D.: Private, Company K, 13th Arkansas Volunteer Infantry, Loader, Piece No. 4, 5th Company, Washington Artillery, Army of Tennessee, CSA* (Baton Rouge: Louisiana State University Press, 1998), 386.

<sup>27</sup> *Ibid.*, 386.

genuineness were crushed out of sight...I detested the life.”<sup>28</sup> Stephenson wandered the streets of St. Louis, by his memory, three months straight before he found a job. Yet, even after he had found a place for himself and began creating a new life, he felt the pull of his old identity as a Confederate. This manifested as a desire to pull up stakes and march, a soldier with no army. “And yet the power of the old war life, ever and anon, arose and mastered me,” he recalled. “It was many a long year ere its power was fully broken. Restlessness, restlessness, restlessness would come intense to fierce. The desire to roam, disgust with the tame sordid life about me, gloomy misanthropy, chafing at my lot, all these...fretted my spirit for years.”<sup>29</sup> Like many Confederates had done during the war, Stephenson turned to religion to calm the storm inside of his mind. “Relief came in the form of religion,” Stephenson recalled. “God’s grace visited my heart...And so—I was saved.”<sup>30</sup>

The trauma of war was pervasive and widespread in the postwar South. Thousands of Confederate veterans marched home physically wasted, either suffering from the effects of a gunshot wound or a lingering illness. The resources to support Confederate veterans in the South were paltry in comparison to the North. Confederate veterans were not eligible for pensions like their Union counterparts. Many southern states (though not all) did eventually scrape together pension funds for Confederate veterans in the latter years of the nineteenth century, though it was only available for ex-Rebels who had endured a physical wound or debilitating illness. Moreover, the payout was pitiful when compared to Union pensions. Additionally, in the late nineteenth century many southern states began to develop and fund Soldiers Homes for disabled or impoverished Confederate veterans. However, entry into these homes came with an emotional

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<sup>28</sup> Hughes, Jr., ed., *The Civil War Memoir of Phillip Daingerfield Stephenson*, 386.

<sup>29</sup> *Ibid.*, 386.

<sup>30</sup> *Ibid.*, 386.

price. As Chad Alan Golberg has argued, many Americans believed “that poverty was a consequence (or, alternatively, a cause) of poor morals and poor habits.”<sup>31</sup> Consequently, southerners viewed Confederate veterans who entered the new Soldiers Homes as at best lacking good habits, and at worst lacking in good morals.<sup>32</sup>

The Lee Camp Soldier’s Home in Richmond, was the most prominent such institution established in Virginia to serve veterans of the Old Dominion. Demand was high for entry into the institution, and many veterans were forced to wait while their applications lingered. Records of the institution paint a stark picture of conditions. Many of the inmates were broken down by a variety of ailments, injuries, and addictions. A.J. Kainer was a veteran of the Thirtieth Virginia Infantry, who applied to the home and was forced to wait. An advocate for Kainer, James Smith, wrote to William R. Terry asking about Kainer’s application, noting that: “He is certainly a helpless—beaten down Old Soldier of good record...I will be greatly obliged for anything you can do for this case.”<sup>33</sup> The next year, A.M. Chappell, a veteran of the Fourteenth Virginia Infantry, wrote to the home about his application. Chappell had been wounded at the Battle of Gettysburg when a Minié ball crashed through his left knee, a wound that Chappell noted he “would never get entirely over.”<sup>34</sup> He was now “very poor indeed” on account of his inability to

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<sup>31</sup> Chad Alan Golberg, *Citizens and Paupers: Relief, Rights, and Race, from the Freedmen’s Bureau to Workfare* (Chicago: University of Chicago, 2007), 3-76; also see Michael B. Katz, *In the Shadow of the Poorhouse: A Social History of Welfare in America* (New York: Basic Books, 1986), 18-54.

<sup>32</sup> Brian Craig Miller, *Empty Sleeves: Amputation in the Civil War South* (Athens: The University of Georgia Press, 2015), 144-145; Jeffrey W. McClurken, *Take Care of the Living: Reconstructing Confederate Veteran Families in Virginia* (Charlottesville: University of Virginia Press, 2009), 145-170.

<sup>33</sup> James P. Smith to William R. Terry, 14 September 1885, Brock Collection: Lee Camp Soldier’s Home Correspondence, 1885-1894, Box 166, Huntington Library, San Marino, California.

<sup>34</sup> A.M. Chappell to William R. Terry, 24 May 1886, Lee Camp Soldier’s Home Correspondence, 1885-1894, Box 166.

labor, made worse by the fact that he had “a wife and children to support.”<sup>35</sup> As if that was not bad enough, Chappell was also addicted to morphine. “The Dr. put me on morphine and I can’t stop that,” he wrote to William R. Terry. “Can’t get it often except people give it to me.”<sup>36</sup> Chappell had previously been very proud of the fact that he “had never received a cent” from the state in his life; but he was now reduced to begging the Lee Camp Home to take him in. These men were not exemplars of independent manhood that southerners so cherished during this period.

As we have seen, the trauma of war was not just purely physical, and violence was as liked to be directed in as out. As David Silkenat and Diane Miller Sommerville have demonstrated, suicides in the postwar South could almost be termed an epidemic.<sup>37</sup> Suicides among southern veterans became commonplace. In 1873 Mark A. Knight committed suicide. He was a Georgia native who had “served honorably in the army of Northern Virginia” with the Sixth Georgia Infantry during the war.<sup>38</sup> Two years after the surrender he relocated to Elberton, Texas where he joined the Texas Bar and opened a school. In the week preceding his suicide Knight had been out of sorts. “For ten or twelve days” he had apparently been in the throes of a bender, reportedly “drinking deeply.”<sup>39</sup> One evening he requested that his wife Kate bring him his derringer pistol. Kate was initially concerned by the request, but Knight assured her that he wanted it to guard against any potential burglars. As soon as she brought the pistol to him Knight

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<sup>35</sup> Ibid.

<sup>36</sup> Ibid.

<sup>37</sup> David Silkenat, *Moments of Despair: Suicide, Divorce, and Debt in Civil War Era North Carolina* (Chapel Hill: The University of North Carolina Press, 2011), 53; Diane Miller Sommerville, ““A Burden Too Heavy to Bear”: War Trauma, Suicide, and Confederate Soldiers,” *Civil War History* 59 no. 4 (2013): 454-56.

<sup>38</sup> *Atlanta Constitution* (Atlanta, GA), 18 April 1873; Mark Knight Civil War Service Record, National Archives and Records, M225, Roll 35 (ancestry.com), September 25, 2015.

<sup>39</sup> *Atlanta Constitution* (Atlanta, GA), 18 April 1873.



cocked the hammer and announced: “Kate, you shall no longer live the wife of a drunkard.”<sup>40</sup>

Then he blew his brains out.

Charles Minnigerode, a native of Richmond, fought through several years of the war, the last two as Fitzhugh Lee’s aide-de-camp. Wounded at the close of the war near Appomattox, Minnigerode was left with a “marked limp” for the remainder of his life, but his injuries extended beyond the physical. Minnigerode returned from the war with a “restless, nervous manner” and a growing sense of “melancholy” which “deepened into tragedy as the years crawled on.”<sup>41</sup> Charles dragged his family to Memphis, then New Orleans, where he succeeded only in deepening his debt, whereupon he relocated the family to Alexandria, Virginia, trying to escape his creditors and start anew. The Minnigerode family grew increasingly worried; helpless witnesses as Charles spiraled into a deep depression and becoming “very morbid,” racked with “discouragement” and “anxiety.”<sup>42</sup> Unable to sleep, Charles’s daughter Marietta remembered long nights she stayed up with him, as he paced the room “back and forth, back and forth” gripped by “insomnia.” He frequently was absent from home, disappearing on “business trips,” and relatives were forced to find him and drag him back to his family.<sup>43</sup> Because his wound ran much deeper than the purely corporal, no physician alive could have explained what the war had done to him. But everyone, including Charles, knew something was horribly wrong. Finally, on a brisk spring day in 1888, Charles wandered upstairs, lay down in a bed by himself, put a gun to his head and committed suicide.<sup>44</sup>

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<sup>40</sup> Ibid.

<sup>41</sup> Marietta Minnigerode Andrews, *Memoirs of a Poor Relation: Being the Story of a Post-War Southern Girl and Her Battle with Destiny* (New York: E.P. Dutton, 1927), 30.

<sup>42</sup> Ibid., 237-241.

<sup>43</sup> Ibid., 237-250.

<sup>44</sup> Ibid., 250-279.

It became nearly impossible for southerners to ignore the high number of suicides that were afflicting their communities in the postwar years. Some began to notice that suicides seemed to run in waves. There would be for some time no suicides, and then suddenly a rash of suicides would follow each other in succession. “The causes producing or predisposing to suicide whatever they may be, seem to run in cycles,” wrote the editors of the *Daily Union and American* out of Nashville. “For a long period comparatively few suicides will occur in a particular country or locality. Then the disease, or whatever it may be, will break out, and case follow case with fearful rapidity.”<sup>45</sup> These essentially are what mental health professionals now call clusters. Research has demonstrated that clusters of suicides occur because one suicide encourages others with suicidal thoughts to carry out their self-destructive desires, in a sort of macabre copy cat effect.

Confederate veterans who became patients in southern state asylums were not immune from this epidemic of suicides. In fact, suicidal tendencies were a serious problem in many southern asylums. Close to half of the veteran patients at Milledgeville Insane Asylum manifested suicidal tendencies. Osborn Seay had “[s]erved in the Confederate Army for three years” in Cobb’s Legion before coming home to Fulton County, Georgia. The twenty-two-year old had been wounded in the hip during the war and was admitted to the asylum in the fall of 1866. He was, among other things, extremely self-destructive. “Has attempted to commit suicide by knocking his head against the wall,” physicians wrote in his case report. “Will not do to trust with fire.”<sup>46</sup> John B. Williams had been a lieutenant in the Thirty-Fifth Georgia Infantry, and was seriously wounded on the 2<sup>nd</sup> day of July at the Battle of Gettysburg. After the war, he came

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<sup>45</sup> *Daily Union and American* (Nashville, TN), 6 January 1866.

<sup>46</sup> Osborn Seay Case History, 9 October 1866, Georgia Department of Public Health, Central State Hospital, Medical Case Histories, Vol. 3, drawer 350, box 19, Georgia Archives, Morrow Georgia.

home to his wife Elizabeth, his two sons, and their modest farm in Gwinnett County, Georgia. By 1871, he was admitted to the asylum, suffering serious mental illness. “Has attempted to cut his throat,” physicians wrote. “Often requested others to kill him.”<sup>47</sup>

Was this rapid rise in suicides traceable to the war? Modern psychiatry would certainly argue yes. Veterans afflicted with Post-Traumatic Stress Disorder have much higher suicide rates than nonveterans. In recent years, more American soldiers have died by suicide than have died by combat in Iraq and Afghanistan.<sup>48</sup> PTSD would certainly explain the high rates of suicide among Confederate veterans in the postwar South. Of course, nineteenth century southerners were not aware of this but they were not perfectly ignorant either. “The prevalence of suicide is very remarkable,” wrote the editors of the *Atlanta Journal Constitution* in 1868. “It is undoubtedly due in a great measure to the familiarity with death arising from the war, as well as the hardships of which it was the cause.”<sup>49</sup> Moreover, the *Constitution* believed that in addition to the familiarity with death, the “increase in such deaths” was due to the “mental excitement arising from the events of the past six years.”<sup>50</sup>

Many Confederate veterans who became mentally unbalanced were prone to violence. As scholars such as Betram Wyatt-Brown and others have argued, the South was a region with a propensity for violence. Violence had been dealt out to slaves on a level almost unimaginable. White southerners frequently savaged each other as well. Elite southerners were regularly challenging each other to, and carrying out ritualistic duels. Working class southerners brutalized

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<sup>47</sup> John B. Williams Case History, 21 August 1871; John B. Williams Civil War Service Record, National Archives and Records Administration (ancestry.com); United States Census 1870 (ancestry.com).

<sup>48</sup> *The Guardian* (London, UK), 1 February 2013.

<sup>49</sup> *Atlanta Constitution* (Atlanta, GA), 30 July 1868.

<sup>50</sup> *Ibid.*

each other in tavern brawls that featured fish-hooking, eye gouging and ear tearing tactics.<sup>51</sup> This regional propensity for mayhem, in tandem with the horror of the war, made many insane veterans a turbulent set of patients. Violence was a regular feature of patients in southern insane asylums, much more than the patients at St. Elizabeth's. In the South it was often acts of violence that resulted in commitment to the asylum in the first place, and once there, these patients continued to be violent towards staff and other patients.

Shortly after the end of the war, Peter Sleete was admitted to Western State Asylum in Virginia. An "industrious but poor" millwright before the war, Sleete served "under Gen Jackson in his celebrated campaign in the Valley in 1862" before he was discharged from the army and then fled North after he was drafted for another bout in uniform.<sup>52</sup> Once the war concluded, Sleete became "worried" and according to his family only seemed to be "getting worse." He suffered from "mental excitement" and an "insane dread of impending evil" that focused "principally upon the war."<sup>53</sup> The war seemed to be haunting Sleete, clouding his future with the threat of imminent doom. Sleete quickly became violent towards the hospital staff, and one day in September 1865, he was taken to the ward yard and suddenly "[a]ttempted to make his escape from attendant."<sup>54</sup> His escape was quickly thwarted and upon his return to the ward he became "excited and noisy" and "struck [the] attendant." Ultimately it would require "several to carry him to his room."<sup>55</sup> The next spring, Sleete attacked another attendant after the attendant caught

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<sup>51</sup> Richard Stott, *Jolly Fellows: Male Milieus in Nineteenth Century America* (Baltimore: The Johns Hopkins University Press, 2009), 48.

<sup>52</sup> Peter Sleete Case Records, 46-47; Western State Hospital, Series IV, Patient Records, Subseries C, Case Books, Case Book Number 2, Volume 1, Male Patients, 1858-1869, Library of Virginia, Richmond, Virginia.

<sup>53</sup> *Ibid.*

<sup>54</sup> *Ibid.*

<sup>55</sup> Peter Sleete Case Records, 46-47, Western State Hospital.

him “trying to break the grating of his window by kicking against it” in an attempt to escape the asylum.<sup>56</sup>

John J. Cook, a native of Newberry County, was committed to the Insane Asylum in Columbia in 1879. Cook had left Newberry County and joined the Third South Carolina Infantry Regiment. He returned home after the war and by November of 1878, Cook had begun to worry his friends and family with his erratic behavior. At night, instead of sleeping, Cook would incessantly talk, smoke, and ramble incoherently until dawn. Cook also carried “deadly weapons,” suffered from a propensity to “squander money in every way,” and had on occasion “threatened the life of [his] son & wife.”<sup>57</sup> Just after the end of the war, Georgian John C. Sharp was committed to the Milledgeville asylum. Sharp had been “taken by Sherman’s troops” during the war and he was “held a prisoner for 8 months” during which he was beaten repeatedly.<sup>58</sup> He returned to Georgia following the war, but he could not adjust to civilian life in the post-war South. Sharp was very violent, more violent than the average patient within the walls of Milledgeville. He often mutilated himself. “He is very violent and is disposed to injure himself and others,” the physician wrote in his case history. “He beat one of his fingers off about ten days ago with a piece of iron.”<sup>59</sup>

Just as they had drawn a connection between the war and the rash of suicides plaguing the area, the editors of the *Atlanta Constitution* made a similar deduction between the war and the increase of violence in the postwar South. “It is not strange,” the editors wrote:

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<sup>56</sup> Ibid.

<sup>57</sup> John J. Cook Commitment File, 25 April 1879, South Carolina State Lunatic Asylum, Commitment Files, 1850-1900, South Carolina State Archives, Columbia, South Carolina; John Cook Civil War Service Record, National Archives and Records Administration, Record Group 109, Film No M381 Roll 7 (ancestry.com), April 9, 2015.

<sup>58</sup> John C. Sharp Case History, 26 May 1866.

<sup>59</sup> Ibid.

“that there should be more crimes of the most violent kinds committed after the end of a great war. The bad effects of war are sure to endure long after its close; and one of the worst of these is the disregard for human life which familiarity with bloodshed inspires in bad men. Scarcely a day passes in which accounts of murder do not appear among telegrams of the Associated Press...and those so reported probably form a small proportion of the number actually committed.”<sup>60</sup>

Alcoholism was rampant among Confederate veterans admitted to southern state insane asylums in the postwar years. Many southerners recognized that the problem of intemperance was related to the war. Habits formed in the camps continued after Appomattox. Many southern cities had town drunks who were not infrequently veterans of the war. In a fictional short story, Thomas Nelson Page wrote about a Confederate veteran who was frequently seen in the town square “lurching around so drunk he could scarcely stagger,” a scene that likely many southerners could relate to.<sup>61</sup> This former rebel recalled that he had never touched a drop of liquor before the war, but started drinking while he was a soldier “for good fellowship’s sake, and because it was considered mannish.”<sup>62</sup> Following his discharge the habit grew on him; at first he preferred it and then he began to crave it. “[H]e got to like it; and then got to feel the need of it,” Page wrote, “and took it to stimulate him when he was run down...it was no longer a desire, but a passion, a necessity; he was obliged to have it.”<sup>63</sup> Eventually he sold everything in the world for booze—his possessions, his farm, everything but his old Confederate jacket. Over time, he was reduced to insanity. A doctor was called who pronounced his case hopeless and some sympathetic persons procured a room for him to recover in privacy. There in his private room, the former Confederate spent a night in complete madness. “There in the dreadful terror of raving delirium he passed that night,” Page wrote. “I with several others sat up with him. I could

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<sup>60</sup> *Atlanta Constitution* (Atlanta, GA), 30 July 1868.

<sup>61</sup> Thomas Nelson Page, “The Gray Jacket,” *The Century* 44 (1892), 27.

<sup>62</sup> *Ibid.*, 29.

<sup>63</sup> *Ibid.*, 29.

not have stood many more like it. All night long he raved and tore. His oaths were blood curdling. He covered every past section of his life. His army life was mainly in his mind. He fought the whole war over.”<sup>64</sup> Thomas Nelson Page meant his story to be a yarn about the dangers of drinking, and 19<sup>th</sup> century readers interpreted it as such. However, 21<sup>st</sup> century readers might interpret Page’s narrative as a story about the trauma of war. Here was a veteran still haunted by his experience, forced to turn to alcohol to tamp down the horrifying memories of the conflict.

Real-life counterparts to Page’s fictional soldier abounded in the post-war South. John Haskew, for instance, was a forty-seven year old Marlborough County native who was a blacksmith before he joined the Eighth South Carolina Infantry. The regiment fought through some of the deadliest battles of the war, such as the Seven Days Campaign, Gettysburg, Chickamauga, the Wilderness and Spotsylvania. Haskew returned to Marlborough County after the war and became unhinged. By 1875 he was so far gone that the South Carolina Insane Asylum took him in. He was described as “sleepless and wandering” and “very intemperate” and “a nuisance and annoying” to the people of the county.<sup>65</sup> B.W. Johnson was an Emanuel County, Georgia native who had been a private “in the army during the war” and served for two years, apparently “discharg[ing] his duties satisfactorily.”<sup>66</sup> He returned to Emanuel County where he quickly descended into drunkenness and violence. He had shot a man “without provocation” simply because that man had the same name “as the Prophet Daniel.” On another occasion, he leveled a loaded revolver into a crowded room before an onlooker stopped him. Johnson had

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<sup>64</sup> Page, “The Gray Jacket,” 29

<sup>65</sup> John Haskew Commitment File, 27 February 1875, South Carolina Lunatic Asylum; John Haskew Civil War Service Record, Film No M381 Roll 14, National Archives and Records Administration (ancestry.com), accessed October 16, 2015.

<sup>66</sup> B.W. Johnson Case History, 22 October 1867.

thrown himself deeply into the bottle, drinking an extravagant amount at all times of the day. “This individual has long been very intemperate,” Milledgeville physicians wrote in his case report, “and for two months past has frequently drank a quart of whiskey at a time.”

With no understanding of self-medication and substance abuse, asylum physicians were usually inclined to attribute their patients’ insanity to their alcoholism rather than their alcoholism to their insanity. Physicians often had a class bias when it came to this diagnosis, however. Frequently, asylum doctors were more forgiving with former officers than with former privates. Self-control was central to manhood in this period, and alcohol abuse was a grievous loss of self-control. Men who had lost their self-control and hurled themselves into a bottle were sometimes viewed as less than men. Asylum doctors sometimes tried to soften this blow with their patients who had been officers in the war. Take for example, physicians at Milledgeville Insane Asylum. In 1867, the asylum admitted L.H. Washington, a Confederate veteran, who was diagnosed as a “lunatic.”<sup>67</sup> Washington, a Bibb County native, had joined the Macon Light Artillery early in the war as a private and fought with the regiment at the Battle of Fredericksburg. Washington received a thirty-day furlough in October 1863 and spent most of the winter of 1863 and the spring of 1864 in Macon (on detail and recovering from an illness). He returned to the regiment in the spring of 1864 to the Eastern front in Virginia, but by the fall of 1864 Washington was reported absent without leave. Records are sparse, but census and regimental service papers give no sign that Washington suffered from any psychological anxiety prior to the war.<sup>68</sup> By the time he was admitted to Milledgeville, however, the physician described him as “usually quiet but easily excited” and, when “aggravated,” was “disposed to

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<sup>67</sup> L.H. Washington Case History, 3 April 1867.

<sup>68</sup> L.H. Washington Compiled Service Record, National Archives and Records Administration, Record Group 109, Roll 0114 (ancestry.com), accessed May 5, 2012.



commit acts of violence upon others.” Washington also “threatened suicide” several times. Interestingly, Washington himself believed his insanity resulted from the “effect of the bursting of a cannon” he was standing next to during the Battle of Fredericksburg. Yet, physicians disagreed. The physician believed that Washington’s condition “had its origin in intemperate habits” and added that for the past three months he had been “drinking very extravagantly.”<sup>69</sup> Despite Washington’s plea that the concussive blast of a cannon had destroyed his mind, doctors at the asylum believed his extravagant consumption of alcohol had contributed to his mental breakdown. The onus was on him and him alone, and his failure to control himself was the reason he lost his mind.

Now compare Washington’s case with the case of William Dickson who was admitted to the asylum two years later in 1869. Before the war, Dickson’s case history described him as a “young man of high character, and fine mind” whose “qualities endeared him to everyone who knew him.”<sup>70</sup> When the war broke out, Dickson had “entered into the struggle with all the zeal and earnestness[sic.] of his impulsive nature” joining the Sixty-Third Georgia Infantry whereupon he was elected as captain (the case report may have been mistaken on both counts).<sup>71</sup> After the war, however, the physician who wrote William Dickson’s case report painted a much more nuanced picture of Dickson’s descent into mental instability. Unlike L.H. Washington, Dickson supposedly fell into the bottle because of his depression over the war’s outcome. The close of the war left Dickson “deeply chagrined and depressed” and “for the first time in his life”

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<sup>69</sup> L.H. Washington Case History, 3 April 1867.

<sup>70</sup> William Dickson Case History, 4 May 1869.

<sup>71</sup> Ibid. There was a William J. Dickson who joined the 61<sup>st</sup> Georgia Infantry as a private, but he was discharged as a private as well. This is likely the same Dickson who entered the asylum and the case report was mistaken; William J. Dickson Compiled Service Record, National Archives and Records Administration, Record Group 109, Roll 556 (ancestry.com), accessed February 10, 2016.

he became “the subject of habits of intemperance.”<sup>72</sup> Once he acquired the habit, it continued to have a hold on him. “He continued to drink excessively,” the case report claimed, “until his mind became manifestly affected by it.”<sup>73</sup> Because the hospital believed Dickson was an officer during the war (whether true or not), they were inclined to write a much more nuanced story of Dickson’s mental decline.

Given the widespread misunderstanding of alcoholism in the period, it is perhaps understandable that asylum physicians tended to reverse the cause and effect of self-medication. But there are other cases where it seems perfectly mysterious that they failed to connect the dots. John B. Williams was admitted to Milledgeville Insane Asylum in 1871. The Gwinnett County native and veteran of the Thirty-Fifth Georgia Infantry was suicidal, delusional and at times violent. “He is usually quiet, but seems constantly frightened, apprehending some injury,” his case report explained. “Often attempts serious acts of violence towards those about him, under the delusion that they are seeking to kill him.”<sup>74</sup> For modern readers, this case seems so obviously connected with the war. Williams had been seriously wounded twice during the war, once at the Battle of Gettysburg, so it was possible this traumatic experience was reverberating in his mind. Asylum physicians, however, were stumped. “He is not generally destructive,” they wrote. “Is not at all filthy in his habits. No hereditary predispositions known. His general health seems tolerably good. He eats and sleeps satisfactorily.”<sup>75</sup> All of their traditional explanations failed to explain Williams’ breakdown. He was not a masturbator, nor a drinker. There was no history of insanity in his family. He was free from disease, and his bodily constitution was good.

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<sup>72</sup> William Dickson Case History, 4 May 1869.

<sup>73</sup> Ibid.

<sup>74</sup> John B. Williams Case Report, 21 August 1871.

<sup>75</sup> Ibid.

Psychologists at southern state insane asylums in Georgia, South Carolina and Virginia were, however, more inclined to believe the war had contributed to some men's mental decline in the postwar years than their northern counterparts. Sometimes the consequences of the war were obvious, such as a death in the family or the loss of property, or years spent in a prisoner of war camp. Sometimes it was a battle wound that physicians believed had caused insanity. Such was the case with Captain O.D. Jones, who was admitted to the South Carolina Lunatic Asylum in 1868. Jones was a widower and farmer before the war who was admitted to the asylum "restless and wandering" and obsessed with "getting up a war" and other "military affairs." Dr. Parker traced his breakdown to the "effects of a severe wound in battle."<sup>76</sup> This was not an uncommon diagnosis in the North or the South.

Gradually psychologists in southern insane asylums came to more frequently believe that the experience of the war negatively influenced the mental health of their patients. From 1860-1868, Dr. Francis Stribling and his staff at Western State Asylum in Virginia diagnosed close to 60 cases of insanity as being caused by "the war." Compared to physicians at St. Elizabeth's, this was much higher in a much shorter period of time. Dr. Thomas Green at Milledgeville and Dr. John Parker at the South Carolina Asylum were not as explicit as Dr. Stribling, yet they too were sometimes willing to acknowledge the war experience of these men contributed to their insanity. This was probably because the experience of the war in the South was much more visceral, and the consequences more intense than in the North. More southern men volunteered in the Confederacy—proportionately—than northerners, and the effects, and after effects of the war fell heavier upon the population.

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<sup>76</sup> O.D. Jones Case Report, 25 March 1868, Physician's Case Book, South Carolina Lunatic Asylum Records.

James Westcoate, for instance, had been a carpenter before the war and fought with the Second North Carolina Artillery before becoming a patient at South Carolina Lunatic Asylum. Dr. John Parker described Westcoate as suffering with chest pain as well as “depression of spirits,” and he was “restless sleepless and noisy.” Moreover, Westcoate wanted to destroy himself and threatened to commit suicide “by shooting himself.” Dr. Parker believed that “the effects of the war” precipitated Westcoate’s mental spiral.<sup>77</sup> Joseph D. Ferguson had been a farmer before the war, and in the wake of the conflict became a patient at the South Carolina Asylum. Dr. Parker noted that Ferguson was paranoid and dangerous. Dr. Parker wrote Ferguson was “increasing in violence” and “believes his friends are his enemies.” Ferguson also suffered with insomnia, as he was “noisy at night” and “sleepless.” Dr. Parker believed that Ferguson was psychologically unsettled by “hardship in [the] late war.”<sup>78</sup>

Just as the war was ending, Dr. Thomas Green admitted John Mangham into the Milledgeville Insane Asylum. Mangham was a native of Pike County, Georgia who left his wife and four children to volunteer in the Thirteenth Georgia Infantry. Mangham was one of the more manageable patients at Milledgeville, though the physicians had a difficult time convincing him to eat. He had a strange habit, however, of spending the vast majority of time on his feet, refusing to sit down. “Has stood on his feet for a month past at least 18 hours of every 24,” Dr. Green wrote in his case report. Dr. Green struggled to understand why Mangham had become insane and pointed to the war as the cause. “The cause of his derangement is not known,” Dr.

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<sup>77</sup> James L. Westcoate Case Report, ND, Physicians Case Book, South Carolina Lunatic Asylum; John L. Westcott Civil War Service Record, National Park Service, Provo, UT (ancestry.com), accessed February 12, 2016.

<sup>78</sup> Joseph D. Ferguson Case Report, ND, Physicians Case Book, South Carolina Lunatic Asylum; There were two Joseph D. Ferguson’s in the war from South Carolina, one in the Second South Carolina Cavalry, and one in the First South Carolina Artillery; Joseph D. Ferguson Civil War Service Record, National Archives and Records Administration, Film No M381 Roll 11 (ancestry.com).

Green wrote. “Unless it was the anxiety and excitement growing out of the state of the Country.”<sup>79</sup>

It was Dr. Francis Stribling at Western State Asylum who drew the most sustained and explicit connection between war experience and insanity. One of Stribling’s patients, Henry A. Harkrader, had left Dublin, Virginia in 1863 and joined the Fifty-First Virginia Infantry.<sup>80</sup> By the end of 1866 Henry was losing his mind and was admitted to Western State Asylum. “The cause of his derangement is supposed to be...the excitement of war in which he was engaged during the last 18 months,” Dr. Stribling wrote in Henry’s case report.<sup>81</sup> Stribling also believed that “anxiety on religious subjects” and “the loss of number of family” also contributed to Henry’s mental decline.<sup>82</sup> The next year in 1867, the asylum admitted J. Hampden Chamberlyne, a 28-year-old former captain of the Thirteenth Battalion Virginia Light Artillery. The Thirteenth Battalion had fought in West Virginia, Knoxville and the Petersburg Campaign.<sup>83</sup> When Chamberlyne was admitted he was “very quarrulous[sic.]” and “very noisy.” He was also “suffering from insomnia” and had many “visions and schemes in his head.”<sup>84</sup> Moreover, Chamberlyne had suicidal thoughts, once telling a physician “that he should rather die very soon or that he should go mad.”<sup>85</sup> Chamberlyne’s mother had written to Dr. Stribling to give him a detailed history of the young Confederate veteran, and this history convinced Dr. Stribling that

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<sup>79</sup> John H. Mangham Civil War Service Record, National Park Service, Provo, UT (ancestry.com); John H. Mangham Compiled Service Record, National Archives and Records Administration, Record Group 109, Roll 279 (fold3.com), accessed December 4, 2015; John H. Mangham Case Report, 11 April 1865, Georgia Department of Public Health.

<sup>80</sup> Henry A. Harkrader Civil War Service Record, National Park Service, Film No M382 Roll 24, Provo, UT (ancestry.com).

<sup>81</sup> Henry A. Harkrader Case Report, 14 December 1866, Western State Hospital.

<sup>82</sup> Ibid.

<sup>83</sup> John H. Chamberlyne Civil War Service Record, National Park Service, Film No M382 Roll 10, Provo, UT (ancestry.com), accessed February 12, 2016.

<sup>84</sup> J. Hampden Chamberlyne Case Report, 8 May 1867, Western State Hospital.

<sup>85</sup> Ibid.

“the war” was the major influence on his mental decline. Following the war, he had been staying with his mother, who wrote that Chamberlyne “had been much depressed” by the “present condition of the country.”<sup>86</sup> His depression grew so serious “that his mother had to keep him up by means of wine whiskey” and he spent many “sleepless nights” wracking his brain. However, Dr. Stribling also believed that “some love affairs in the past,” “hereditary taint,” as well as Chamberlyne’s use of “tobacco to excess” all contributed to his mental breakdown as well.<sup>87</sup>

Asylum superintendents were just beginning to do the early work of drawing connections between the war and mental illness. The families of mentally ill Civil War veterans were also beginning to make these connections as well. Chapter 6 explores the experience of the families of insane Civil War veterans.

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<sup>86</sup> Ibid.

<sup>87</sup> Ibid.

## CHAPTER 6

## “He Was a Stout Hearty Man Before the War”

While fighting with the Twelfth Maine Infantry, James Andrews was wounded at Winchester on September 19, 1864. He was shot in the back, just below his right shoulder, and the ball tore a ragged hole through him, bursting through his chest. Amazingly, Andrews survived the injury, but came home with serious physical and psychological issues. Laboring on his farm became extremely difficult due to his physical condition, but also because of his mental issues. He frequently had panic attacks during which he struggled to breathe and had chest pains. “He is subject to spasmodic paroxysms with difficult respiration,” wrote one doctor. “There is irregular action of the heart, which is frequently attacked by severe pain.” James could only spend a few hours a day planting or harvesting before his heart felt like it was going to explode and his breath became ragged. He and his wife Amanda quickly lost the farm. “[H]e was sound and rugged until[sic.] he got that wound,” his wife Amanda wrote, “since then he has never been able to do a days work we had a farm and he could not do over two hours work in a day without lying down and so we lost it.”<sup>1</sup>

This chapter focuses on the experience of the families of mentally ill Civil War veterans, before the emergence of the field of psychiatry and the birth of the welfare state. I argue that

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<sup>1</sup> Claim for an Invalid Pension, 21 April 1865, W.W. Godding to the Commissioner of Pensions, 10 July 1885, Amanda Andrews to C.B. Walker, 17 October 1882, Soldier's Certificate No 96074, Private James M. Andrews, Company H, 12th Maine Infantry, Civil War and Later Pension Files; Records of the Department of Veterans Affairs; Record Group 15; National Archives and Records Administration, Washington, D.C.

families tried to absorb and compensate for the invisible damage the men had born and brought back with them for the war. That damage played out in agonizing and sometimes disturbing ways. Some of these families became trapped in cycles of poverty, alcoholism and sometimes violence. Familial understanding of mental illness, however, was much more tied to the war than alienist theory, since these families had seen their men march off to war healthy and return emotional and psychological wrecks.

Because their men often could not sustain full time work, veterans wives were often forced into lives of care-taking and labor, channeled into domestic work, cooking and cleaning for other families. These were not generally profitable industries and left many of these households on the financial fringe. Other households simply sank into poverty. Such was the case with the Thompson household. James Thompson had been a soldier in Company A of the 156<sup>th</sup> Indiana Volunteer Infantry. In July 1865, months after Lee had surrendered, while stationed at Berryville Pike, in Virginia, the unit became stricken with “a great deal of chronick[sic.] diarrhea.”<sup>2</sup> The Medical Department became concerned and sent examiners, who found that the spring the unit drew their water from a creek that passed through a nearby soldiers graveyard, and they quickly forbade soldiers to drink the water. The damage, however, had apparently already been done. James Thompson became dangerously ill from the diarrhea that burned through Company A and the rest of the 156<sup>th</sup> Indiana, and physicians believed he never quite recovered from it. His brother John remembered following the war James turned to “different remedies to check the trouble” but continued to suffer from diarrhea and was “unable

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<sup>2</sup> William A. Dunnington Affidavit, 19 March 1894, Soldier's Certificate No 568278, Private James F. Thompson, Company A, 156<sup>th</sup> Indiana Infantry, Civil War and Later Pension Files; Records of the Department of Veterans Affairs; Record Group 15; National Archives and Records Administration, Washington, D.C.



to do work.”<sup>3</sup> Gradually James Thompson grew mentally unstable and his friends and family worried about his mental health. “He was morose and melancholy and seemed to have lost all interest in his friends,” Samuel McVey, a cousin, remembered, “and I was not surprised in the least when I heard he had gone insane.”<sup>4</sup> In 1874, James Thompson’s marriage to Orintha Thompson fell apart and for reasons unknown, was dissolved in September. Two months later, James was remarried to Annie L. Pea in Floyd County, Indiana.<sup>5</sup> She was apparently unaware of his precarious mental condition when she married him. James’ chronic condition and eventual psychiatric meltdown left Annie in dire straits. By the time she applied for a pension, a personal acquaintance estimated that her entire estate was worth twenty dollars. “She has to depend on her own labor for the support of herself and child and there is no person legally bound to support her,” wrote Thomas Grant, a friend of Annie’s.<sup>6</sup> James’ physical and mental disabilities left Annie to fend for herself. He had failed her as a provider. Eventually James Thompson unraveled and became completely insane, finally being admitted to St. Elizabeth’s Hospital in May 1890. Dr. William Godding believed his chronic diarrhea caused his mental illness. It is highly unlikely that Thompson became mentally ill because of a bad bout of diarrhea.

Society was not very forgiving of men who could not or would not work. As historian Judy Hilkey notes, economic success was seen to stem entirely from the “personal attributes,

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<sup>3</sup> John Thompson Affidavit, 25 March 1893, Soldier’s Certificate No. 568278, Private James F. Thompson.

<sup>4</sup> Samuel H. McVey Affidavit, 14 November 1893, Soldier’s Certificate No. 568278, Private James F. Thompson.

<sup>5</sup> Floyd County Court Proceedings, 22 September 1874; Floyd County Marriage Certificate, 4 November 1874, Soldier’s Certificate No. 568278, Private James F. Thompson.

<sup>6</sup> Thomas L. Grant Affidavit, 24 October 1896, Soldier’s Certificate No. 568278, Private James F. Thompson.

abilities, effort and determination of the individual” and nothing more.<sup>7</sup> This worldview ruled out large-scale social, economic, and political forces, as well as physical and psychological disabilities. Success was seen as largely the responsibility and a reflection of the individual. “True gentlemen never loaf, but labor,” wrote one success manual from the Gilded Age. “Fireflies shine only in motion. It is only the active who will be singled out to hold responsible positions. The fact that their ability is manifest is no sign that they are lucky.”<sup>8</sup>

Most families did not immediately commit their veterans, however damaged, to an asylum. Instead, they struggled to care for their soldier boys at home, often seeking help from extended family and the community. Indeed, home care became the norm for most American families living with a mentally ill loved one. Edson Bemis’ war had come to a violent conclusion in February 1865. A soldier in the Twelfth Massachusetts Infantry, Bemis was struck down at the Battle of Hatcher’s Run by a rifle shot in the head. Bemis was already a veteran of many battles, and had survived two grisly wounds. At the Battle of Antietam, a musket ball had ripped through his left arm, and while it shattered his humerus bone he had survived. Two years later at the Battle of the Wilderness, Bemis had been shot in the gut, just above the groin. He somehow survived, though he carried the ball in his body until he died. After this new wound, however, his recovery seemed improbable. He lay in a field hospital for three days with “brain matter...oozing from the wound.” Most surgeons gave him up for dead, except for Dr. Albert Vanderveer, who performed a daring and risky operation, extracting the ball from Bemis’ skull. Bemis immediately improved, so much so that by the end of the month he was “able to walk about the

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<sup>7</sup> Judy Hilkey, *Character Is Capital: Success Manuals and Manhood in Gilded Age America* (Chapel Hill: The University of North Carolina Press, 1997), 82.

<sup>8</sup> H.A. Lewis, *Hidden Treasures, Or, Why Some Succeed While Others Fail* (New York: A.W. Richardson, 1887), 483.

ward.” He was sent to Fort Richmond in New York Harbor, and by the time Union soldiers were marching in the Grand Review, Bemis was back home in Huntington, Massachusetts.<sup>9</sup>

“I am still in the land of the living,” Edson Bemis wrote to Joseph K. Barnes who followed up on his case in 1870.<sup>10</sup> That fact was true; Bemis had won life for himself surviving his three ghastly wounds. He had stood for a daguerreotype that was eventually published in the *Medical and Surgical History of the War of the Rebellion*. He was a large man with soft eyes, a flowing beard and long sinewy arms, and his body still bore witness to the war’s damage. He had ugly scars on his abdomen and arm, where bullets had plunged into his flesh. The most prominent of all, however, was the scar on his temple where a bullet had crashed into his skull. He and his wife Jane shortly left Massachusetts and moved to Suffield, Connecticut, where Bemis began working for W.W. Cooper’s, a local merchant house. But it was a life that would become increasingly difficult.

“My head aches some of the time,” Bemis confessed to Barnes in 1870.<sup>11</sup> The headaches grew increasingly worse as the years rolled on, especially when he was exposed to the sun for a period of time. Gradually, however, other strange symptoms began to accompany the headaches. He was often afflicted with paralyzing vertigo. Edson’s colleague at W.W. Cooper’s, George Kendall, remembered that Edson suffered with “spells of vertigo” or “something that afflicted his head” so much so that he frequently had to lie down for some time or could not work at all.<sup>12</sup> By the 1880s, Edson’s memory began to get worse; George Kendall recalled that Edson “was very

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<sup>9</sup> Joseph K. Barnes, ed., *Medical and Surgical History of the War of the Rebellion* Vol. VII (Wilmington: Broadfoot Publishing Company, 1991), 162.

<sup>10</sup> Barnes, ed., *Medical and Surgical History*, Vol. VII, 162.

<sup>11</sup> Ibid.

<sup>12</sup> George Kendall Affidavit, 21 October 1897, Soldier's Certificate No. 59,267, Corporal Edson D. Bemis, Company K, 20th Massachusetts Volunteer Infantry; Civil War and Later Pension Files; Records of the Department of Veterans Affairs; Record Group 15; National Archives Building, Washington, D.C.

forgetful.”<sup>13</sup> Moreover, Edson began to have pendulous mood swings. Kendall remembered that “anything little thing irritates him.”<sup>14</sup> His symptoms only seemed to get worse as time went on, so much so, that he eventually had to stop working altogether. He required increasing amounts of care as he spiraled deeper and deeper into a pronounced and permanent mental illness, forcing his wife Jane to do the lion’s share of the work. Jane fed Edson, dressed and undressed him, cleaned him and sometimes had to help him in the outhouse.<sup>15</sup> Fortunately Jane was not alone. Many of her neighbors in Suffield would keep an eye on Edson when he straggled. “I don't attned[sic.] him on the street, because everybody knows him, and he only goes a short way from home,” Jane recalled to a pension official.<sup>16</sup>

In addition to watching Edson, the community gave the Bemis family financial support as well. The Suffield community was willing to support Edson because he was a casualty of war. It was clear that the bullet that tore part of his skull away, also took his reason with it. Edson was not some loafer, or vagabond; he was a deserving case of charity. “It is the general belief that his condition is due to wound received in service particularly the wound in head,” Richard Jobes, Edson’s neighbor, told a pension official.<sup>17</sup> Community members believed this, and were willing to give to the Bemis family, even if it was just a pittance. William Loomis, a clerk for the city remembered: “all they had was the pension money, and what little money the town gave them.”<sup>18</sup>

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<sup>13</sup> Ibid.

<sup>14</sup> George Kendall Affidavit, 21 October 1897, Edson Bemis Pension Application.

<sup>15</sup> Jane Bemis Affidavit, 21 October 1897, Soldier’s Certificate No. 59267, Corporal Edson D. Bemis.

<sup>16</sup> Ibid.

<sup>17</sup> Richard Jobes Deposition, 21 October 1897, Soldier's Certificate No. 59,267, Corporal Edson D. Bemis.

<sup>18</sup> William L. Loomis Affidavit, 21 October 1897, Soldier's Certificate No. 59,267, Corporal Edson D. Bemis

Edson's physical injury made him a worthy recipient of charity. He had endured—and survived—a horrendous gunshot wound to the head, which left him psychologically altered. But for veterans who became psychologically altered but had not suffered a physical trauma, charity was not as forthcoming. Nineteenth century Americans did not believe in nonvisible injuries. The only disabilities seen as authentic were physical disabilities. Even then, disabilities were not given much accord. Success was seen as a product of moral integrity and personal responsibility. Disability was not seen as an excuse for failure, good men would rise above disability. Success manuals were replete with tales—real or imagined—of disabled men who were unwilling to bow to their disability and devised some novel artificial limb that propelled them to success. For those who seemed unable—or unwilling—to work, or were depressed, anxious, or paranoid, little sympathy was spared. Family and friends initially struggled to understand what was happening with their fathers, brothers, husbands and sons returned from the war and often were ashamed of their behavior. In the absence of modern psychiatric theory, many mentally ill veterans were simply thought of as lazy. Laziness, in the nineteenth century, was believed to indicate poor character and moral impurity, a further embarrassment for the family.

Take for instance, Theodore C. Otis, a veteran of the Twenty-Fourth Massachusetts Infantry who came home to Roxbury, Massachusetts after the war was over. He got involved in the floriculture business, running a flower shop with a partner. He then spent most of the next half decade in California, where he went unmarried and had numerous unsuccessful business ventures before returning to his family's abode in 1872.<sup>19</sup> When Theodore returned to Massachusetts, his brother James was ecstatic to see him. James Otis was only a child when

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<sup>19</sup> Thomas Ingram to Green B. Raum, 27 April 1891, Soldier's Certificate No. 445834, Lieutenant Theodore Otis, Company G, 24th Massachusetts Volunteer Infantry; Civil War and Later Pension Files; Records of the Department of Veterans Affairs; Record Group 15; National Archives Building, Washington, D.C.

Theodore marched off to war, and his big brother was his hero. Now he was finally going to be united with his big brother once again. But Theo's reception of him upon his return was surprisingly cold. "When I first saw him on his return from California," James wrote, "I was surprised at his reception of me. He then seemed bitter, unemotional, and stupid; he met me, his only living brother whom he had not seen for almost 7 years, as if he had seen me daily during that time."<sup>20</sup> Despite his cold reception, James was determined to help his brother land on his feet. But that was easier said than done. Theo had no income and no prospects, and James felt obligated to assist him. "He was then without means absolutely and I did all I could and at considerable sacrifice to assist him," James remembered.<sup>21</sup> James supplied business contacts for Theo, which Theo either failed to contact or squandered when he did. James tried to get Theo set up with a job, but Theo's head was in the clouds, dreaming of opening and running a hotel, an opportunity he was neither prepared nor qualified for. James grew resentful and bitter because of both his brother's failures, but also because Theo failed to show any gratitude for what James did for him. "He took whatever I did as a matter of course and evinced no gratitude & showed no appreciation of the kindness shown him by myself and others," James recalled.<sup>22</sup> James quickly became embarrassed of his older brother, who seemed destined to be a loafer trapped in poverty. "He was without plans for his future when he returned from California...for a time he seemed content to do nothing and for so long that I began to feel shame that he seemed content to be an idle man," James recalled.<sup>23</sup> James did not immediately know that Theodore was psychologically

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<sup>20</sup> James Otis Deposition, 6 May 1889, Soldier's Certificate No. 445834, Lieutenant Theodore Otis.

<sup>21</sup> Ibid.

<sup>22</sup> Ibid.

<sup>23</sup> Ibid.

disturbed and therefore, in some ways, not responsible for his actions. Even two years after Theo's commitment to St. Elizabeth's in 1887, James was still bitter and ashamed.

Some family members became so embarrassed by their insane relatives that they attempted to make sure that their friends never saw them. Keeping the mental illness in their family a secret would prevent shameful inquiry. And since insanity was believed to be hereditary, many family members tried to deny that mental illness ran in their family tree. Some relatives of the insane still tried to keep their insanity quiet even after they had been diagnosed and committed. Such was the moral taint that mental illness carried. Charles H. Judd had been a lieutenant in the Navy during the war but was later admitted to St. Elizabeth's Hospital. The superintendent of the hospital wrote Charles' wife that Charles was doing well and enjoyed carriage rides into Washington, D.C. She wrote back in response: "I wish him to ride and to exercise as...is thought best, but I have a great dislike to his visiting public places of amusement in the city...I have a perfect horror of strangers looking upon him, or being able to pass comment on his very unhappy condition."<sup>24</sup> Charles' wife was embarrassed to have people look upon her mentally afflicted husband, and probably feared that some friend or relation from the past would recognize him. "I will be more thankful than I can tell you," she continued, "if you will restrain all further town visits otherwise than to ride in a carriage."<sup>25</sup>

Other times, families living with or near an insane Civil War veteran could become isolated from their friends and neighbors because of their mentally ill kin. Neighbors and friends often would not understand, and preferred to stay away rather than interact with the mentally ill. In the most extreme cases, it was not safe to be around an insane person who was violent. This

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<sup>24</sup> Mrs. Charles H. Judd to W.W. Godding, 22 November 1889, Case 6272, Charles H. Judd, Record Group 418, Box 54, St. Elizabeth's Hospital Records, National Archives Building, Washington, D.C.

<sup>25</sup> Ibid.

all could result in extreme isolation and loneliness. Such was the case with Elvira Ponder, a widow of South Carolina who had previously lived in Georgia. In the 1870s, her son, James Martin Ponder, a Georgia veteran, gradually became dangerously insane.<sup>26</sup> He had formerly been an “affectionate and gentle son” but he returned from the war “impaired in mind” and was a “dangerous man to be at large.”<sup>27</sup> Elvira, her other children and any boarders living with the Ponders, were terrorized by James. Like many Confederate veterans, James Ponder struggled to control his drinking and when he was drunk, which was often, he became wildly violent. “He is especially dangerous when he is drinking, and not much better when he is sober,” Elvira told court officials at James’ commitment hearing in 1875.<sup>28</sup> On one occasion James burst into Elvira’s home in the saddle of a mule, driving Elvira, her daughter and a boarder out of the house and into the woods during a thunderstorm. On another occasion, James arrived with a rifle in hand and threatened the family, busting out the glass panels of the door when they locked him out. Besides terrifying Elvira, James’ violent behavior drove her into isolation and loneliness. “[M]y neighbors will not visit me and my family on his account,” Elvira confessed. Moreover, James’ wild antics also threatened Elvira’s economic prospects as well. “No one will rent my lands,” she testified, “they are mostly lying idle.”<sup>29</sup> He was committed to South Carolina Lunatic Asylum in 1875.

Embarrassment and loneliness were not the only consequences of living with a mentally ill family member. Domestic violence became a serious problem in some households containing

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<sup>26</sup> Three Georgia regiments had a James Martin Ponder on the rolls: the First Georgia Infantry, the Thirty-Fifth Georgia Infantry and the Fifty-Third Georgia Infantry. James Martin Ponder Civil War Service Record, Film No M226 Roll 49, National Park Service, Provo, UT (ancestry.com), accessed January 21, 2016.

<sup>27</sup> Elvira Ponder Deposition, 26 January 1875; W.R. Toney, M.D., Deposition, 25 January 1875, James Martin Ponder Case History, South Carolina Lunatic Asylum.

<sup>28</sup> Elvira Ponder Deposition, 26 January 1875.

<sup>29</sup> Ibid.



a mentally ill Civil War veteran, and physical violence was often the last straw that made caring for an insane former soldier impossible. Aaron Gilkison had joined Company H in the Fifteenth Ohio Infantry in 1861, and was discharged later that year. He reenlisted with the 165<sup>th</sup> Ohio Infantry in 1864, serving until the end of the war. Gilkison had fallen off a railroad car while en route to camp, which he claimed resulted in his insanity. In 1882 he was admitted to the Central Branch of the NHDVS but did not stay long. In 1884, he was transferred to St. Elizabeth's Government Hospital for the Insane diagnosed with chronic epileptic mania. Following his transfer, Aaron's wife Charlotte received a torrent of letters from him, blaming her for his confinement and demanding that he be released. "[Y]ou know it is impossible for us to have him here altho[sic.] he thinks all I have to do is rite[sic.] you and you will let him go back," Charlotte wrote W.W. Godding, "he blames it all on me for him having to stay there."<sup>30</sup> Aaron's flood of letters continued, asking Charlotte to get him released so he could come back home. She continued to oppose his release, confessing to W.W. Godding that Aaron had abused her and her children before he was committed. "He wants to come home," she wrote, "but it is not safe for us for he came near killing me and one of the children before he went away."<sup>31</sup>

A similar case was that of Elizabeth Harris. Elizabeth was married to a remarkable figure, Dr. Joseph Harris, one of only a handful of black surgeons during the war. Joseph Harris was a North Carolina native, and subsequently moved to Ohio, where he received a degree from Western Reserve College, and a medical degree from a school in Iowa. During the war, Dr. Harris had been an assistant surgeon at Balfour Hospital in Virginia, overseeing a ward of a hundred patients. Following the war, he was a physician at a Freedman's Bureau hospital in

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<sup>30</sup> Charlotte A. Gilkison to W.W. Godding, 20 January 1885, Case 5955, Aaron R. Gilkison, Record Group 418, St. Elizabeth's Hospital Records, National Archives Building, Washington, D.C.

<sup>31</sup> Charlotte A. Gilkison to W.W. Godding, N.D.

Virginia. In addition to his medical career, Dr. Harris had several failed bids in politics. He had been nominated for lieutenant-governor of Virginia and also carried out a failed campaign for the Senate. Sadly, in the 1870s, Dr. Harris became mentally ill and was eventually committed to St. Elizabeth's Government Hospital for the Insane. Elizabeth relocated to Washington, D.C., to be close to Joseph, where she tried to closely monitor his communications. She did not want many of their friends and relations to know about Joseph's confinement and condition. "Please have him watched and do not allow any unhappy letters from him to reach his friends," Elizabeth wrote to W.W. Godding. "They do not understand his condition as well as I do."<sup>32</sup> Elizabeth had financially suffered from her husband's questionable business decisions. She claimed he had lost \$10,000 before his commitment (though that number seems extravagant). "By his bad management of business for the last two years, I have all I can do to pay his debts and keep what we have," she wrote.<sup>33</sup> Moreover, Elizabeth confessed to W.W. Godding that Joseph had a history of violence against her and her children. "I feel I must tell you that sometime before Dr.'s sunstroke," she wrote, "he became excited twice attempting to take my life once by choking and once by stabbing by a lance. I was saved only by the determined persistent efforts of my excellent girl Bettie Lee."<sup>34</sup>

It was not just the spouses of these men that were subject to their sometimes violent outbursts. Other family members, such as children, could also be victims of violence. Growing up, Jennie Bowen had been the victim of her father's violence. George Bowen had joined Company E in the Fifty-Ninth Illinois Infantry in the spring of 1864, during which he had survived a gunshot wound to the head. Shortly after the war, George Bowen left St. Clair

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<sup>32</sup> E.W. Harris to W.W. Godding, 4 November 1878, Case 4117, Dr. Joseph D. Harris, Record Group 418, St. Elizabeth's Hospital Records, National Archives Building, Washington, D.C.

<sup>33</sup> E.W. Harris to C.H. Nichols, 8 July 1877, Case 4117, Dr. Joseph D. Harris.

<sup>34</sup> E.A. Harris to Charles Nichols, N.D., Case 4117, Dr. Joseph D. Harris

County, Illinois for Livingston County, Missouri. In 1867, he met and married Margaret Groves. When they first met, George worked the land, but soon changed professions. “He was a farmer when we were married but he did not like that, so he learned plastering,” Margaret recalled.<sup>35</sup> By the 1880s, however, George was not working at all. Moreover, he was beginning to experience neurological issues that manifested as uncontrollable anger and occasional violence. “He seemed just [to] go crazy, by spells,” Margaret remembered. “He’d treated to kill Jennie and me and himself. He’d try to get hold of the razor, anything see, we kept him away from everything that he could hurt us or himself with.”<sup>36</sup> Margaret believed that George’s mental illness was the consequence of the gunshot wound he received during the war. He had always been high strung, but after his head wound he was markedly worse. “He was always ever since I knew him irritable and high tempered,” Margaret recalled. “Not so bad when I first knew him. But we all thought it was due to the wound of his head.”<sup>37</sup> It was not just Margaret who was the subject of George’s anger and rage; it was his daughter Jennie as well. Jennie remembered that life with her father as he spiraled into insanity could be unsettling and sometimes dangerous. “Yes he acted at times like he was insane at times,” Jennie later told a pension official. “He’d get angry would grate his teeth and throw things at us... I’d go past him I remember and he’d hit at me... He was... irritable and cross and nervous.”<sup>38</sup>

What did the family members think of their mentally ill kin? Most of the relatives of insane Civil War veterans tended to believe what the physicians told them. Largely, they were

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<sup>35</sup> Margaret Bowen Deposition, ND, Soldier's Certificate No. 59092, Private George Bowen, Company E, 59th Illinois Volunteer Infantry; Civil War and Later Pension Files; Records of the Department of Veterans Affairs; Record Group 15; National Archives Building, Washington, D.C.

<sup>36</sup> Ibid.

<sup>37</sup> Margaret Bowen Deposition, ND, Soldier's Certificate No. 59092, Private George Bowen.

<sup>38</sup> Jennie Broyles Deposition, ND, Soldier's Certificate No. 59092, Private George Bowen.

convinced that disease, hereditary factors, intemperance, masturbation and moral impurity could, and did, result in insanity. Because of this, many relatives of insane veterans were bitter about the mental breakdown of their kin. Much of the nineteenth century theories of mental illness put the onus on the patient, leaving the family often disappointed in them, and upset about their loss of reason. In July of 1861, Cincinnati resident Adolph Ahlers enlisted in Company C in the Forty-Seventh Ohio Infantry. During the war, he rose to the position of 2<sup>nd</sup> Lieutenant. At the Battle of Atlanta on July 20<sup>th</sup>, 1864, Adolph temporarily took command of Company C after the Company Captain was injured. While commanding the company, Confederate artillery exploded near him, and shrapnel shredded his left arm, which was immediately amputated.<sup>39</sup>

Adolph, then missing his left arm, returned home to Hamilton County, Ohio and his wife Philomena. The couple shortly afterward gave birth to a son, Charles. However, Adolph slowly developed problems. He was hindered by his physical disability, but they were able to eek out a living on Adolph's pension check. Perhaps because of consistent pain, or to nurse his pride, Adolph began to frequent the Cincinnati saloons. He often came home drunk, and more and more began to waste the family's meager wages on booze. "The last time he was in the City he was drunk all the time," she remembered, "and that worried me day and night."<sup>40</sup> He was finally admitted to the Soldier's Home, which shortly transferred him to St. Elizabeth's in January 1877. He was diagnosed as suffering with chronic mania caused by intemperance. Philomena had little sympathy for Adolph's condition, because she believed that only Adolph was to blame. "He has

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<sup>39</sup> Adolph Ahlers Claim for Invalid Pension, 5 February 1865, Soldier's Certificate No. 38961, 2<sup>nd</sup> Lieutenant Company C, 47<sup>th</sup> Ohio Volunteer Infantry; Civil War and Later Pension Files; Records of the Department of Veterans Affairs; Record Group 15; National Archives Building, Washington, D.C.

<sup>40</sup> Philomena Ahlers to Mr. Campbell, 19 September 1881, Case 4207, Adolph Ahlers, Box 20, Record Group 418, St. Elizabeth's Hospital Records, National Archives Building, Washington, D.C.

no one to blame for his trouble but himself,” she wrote. “He had a good home, I did everything in my power to please him.”<sup>41</sup> Whenever Adolph seemed to be improving, his legal guardian contacted Philomena about possibly releasing him and sending him back home to Cincinnati, which Philomena consistently opposed. She did not believe him capable of recovery, and dreaded taking him back into her home. “I think like the Dr. that he is great deal better cared for there than any other place,” she wrote. “Just as sure as he is discharged from there, he will get worse, because he does not know how to take care of himself.”<sup>42</sup>

Adolph’s son Charles believed that Adolph’s condition was a blight on his manhood. His intemperance and commitment to the asylum were proof that he was not a true man. A true man, and a good father would prove his manhood by providing for his family and at the very least bequeath his children a good reputation. Charles inherited none of these gifts from his father. Indeed, Charles was more bitter and angry with his father than Philomena was. He had grown up poor and fatherless, as Adolph had been institutionalized during his formative years. Later in life, Charles heard stories about his father, none of which were good. “[Mother] did not tell me of his treatment towards her until I had heard it from other parties who had known him in his palmy days, and it was only two years ago that she admitted it to me,” Charles wrote to the asylum superintendent in 1905. “It was his conduct that made him what he is, and if he had been a man and a good husband, he and she and possibly myself would have been prominent people.”<sup>43</sup> Adolph never left St. Elizabeth’s, dying in the asylum in March of 1908.

Over time, however, many family members came to believe that the war itself was responsible for their loved ones’ psychological breakdowns. Such families had a much deeper

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<sup>41</sup> Philomena Ahlers to Mr. Campbell, 19 September 1881, Case 4207, Adolph Ahlers.

<sup>42</sup> Ibid.

<sup>43</sup> Charles Ahlers to William A. White, 11 October 1905, Case 4207, Adolph Ahlers.

experience of the victims' case history than their alienists. Mothers, wives, daughters and sons had watched many of these men march off to war healthy and well adjusted, and return complete psychological wrecks. They saw these men nearly every day, witnessed their anxiety, depression, perseverating thoughts, and sometimes, their violence. Consequently, they saw in these men a madness begun in the trenches of Petersburg, or the tangled overgrowth in the Wilderness. The logic became, in the eyes of some of the wives and mothers of insane Civil War veterans, undeniable.

Polly Selleck's son Rufus Wilcox had been a Marine in the Navy and a veteran of the Battle of Mobile Bay. He was admitted to St. Elizabeth's in 1870, briefly discharged and then returned in 1872. Rufus spent much of his time at St. Elizabeth's at the window yelling for the "officer of the day" to arrest men and put them in the guardhouse.<sup>44</sup> Polly would frequently write to Rufus and send him "a box of goodies," but Rufus rarely wrote back to her. His condition broke her heart. "[H]e is dear to us but in his present condition he cannot understand our love for him nor the great grief of a poor Mother's blighted hopes and crushed heart," she wrote to W.W. Godding, "it is no fault of his for he was a good moral young man but oh this dreddful[sic.] war we have had to pass through has distroyed[sic.] my happyness[sic.] for life unless my poor boy can be restored to his reason again."<sup>45</sup> In 1889, Polly filed for and began receiving a pension for Rufus. With that money, she set up a private room for Rufus at the state insane asylum in Hartford, which was closer to Danbury and would allow Polly to visit Rufus more frequently. When she broached the subject with Rufus, he immediately refused to move because he believed he would be "court martialed." "We told him the war was ended and Dr. Godding said he could

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<sup>44</sup> Rufus E. Wilcox Case Notes, 9 October 1907, Case 3195, Rufus E. Wilcox, Box 11, Record Group 418: Records of Saint Elizabeth's Hospital, Entry 66: Case Records of Patients, 1855-1950, National Archives and Records Administration, Washington, D.C.

<sup>45</sup> Polly Selleck to W.W. Godding, 2 April 1873, Case 3195, Rufus E. Wilcox.

leave if he wanted too[sic.],” Polly explained to W.W. Godding.<sup>46</sup> Ultimately, Rufus refused to leave St. Elizabeth’s and Polly decided not to force him. He stayed in the hospital until his death. Polly believed that the battle of Mobile Bay was ground zero for her son’s insanity. “That fearful battle in Mobile Bay,” she wrote the superintendent W.W. Godding, “it was there he got this dreadful disease that has worn upon me.”<sup>47</sup>

Margaret Abrahams’ husband Charles was admitted to St. Elizabeth’s in February 1884, where he stayed until he died the next year. Charles Abrahams had volunteered to serve in the Ninety-Eighth Ohio Volunteer Infantry and in 1862, during a “forced march” in “intense heat” Charles became “violently insane” and tried to kill the orderly “with a hatchet” and was sent to a hospital in Louisville, Kentucky.<sup>48</sup> Officials at the hospital believed that Charles had suffered a sunstroke which temporarily drove him insane. He returned to the Ninety-Eighth Infantry the next year, and then received a furlough. He returned to the company just in time to participate in Sherman’s Atlanta Campaign and the March to the Sea. After the war he returned to Toronto, Ohio and about five or six months later Margaret “noticed that his mind was not right.”<sup>49</sup> She remembered that for “about two months he would seem to have a good mind” and then “for about two months he would be flighty.”<sup>50</sup> This cycle continued until he was admitted to the Soldier’s Home in Dayton in 1882. Margaret believed firmly the war had caused her husband’s insanity. “He was a stout hearty man before the war,” she wrote in 1887, “and would have been

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<sup>46</sup> Polly Selleck to W.W. Godding, 11 July 1889, Case 3195, Rufus E. Wilcox.

<sup>47</sup> Polly Selleck to W.W. Godding, 28 August 1879, Case 3195, Rufus E. Wilcox.

<sup>48</sup> Moses Urquhart to Margaret Abrahams, 21 August 1887, Case 5814.

<sup>49</sup> Margaret Abrahams Deposition; 26 May 1887, Case 5814.

<sup>50</sup> Ibid.

well off today perhaps and living happy had he not went to the army but he volunteered and went and went through hardships from the effects of which he is in the insane hospital today.”<sup>51</sup>

Of course, the wives and mothers of these men often faced incentives in coming to these conclusions, especially when pension money became available for them. Civil War pensions were begun in 1861 when, fresh off the defeat at the First Battle of Bull Run, Congress, in part to attract enlistment, established federal pension benefits for any volunteer soldier wounded in battle. The next year, Congress approved more sweeping pension legislation, which granted monthly payouts to Union soldiers who became completely disabled in the service.<sup>52</sup> The Grand Army of the Republic (G.A.R.), which started a year after the Appomattox as a veterans’ fraternity and support group and morphed into a political lobby for veterans, began to successfully push for pension legislation reform. The G.A.R. helped win higher pension payments, and loosened the restrictions on who could receive a pension. By the late 1880s, more and more veterans were unable to work because of old age and chronic war-related disabilities. The G.A.R. pushed for a general dependent pension that would support any Union veteran who had served at least ninety days. In 1887, Congress drafted a G.A.R. inspired pension bill and sent it to the White House, where Grover Cleveland promptly vetoed it. Cleveland was a Democrat, had hired a substitute during the war, and was not interested in rehashing the “Late

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<sup>51</sup> Charles W. Abrahams Case Notes, Case 5814, Charles W. Abrahams, Box 44, Record Group 418, Records of St. Elizabeth’s Hospital, National Archives, Washington, D.C.; 13 October 1902, Margaret Abrahams Deposition; 26 May 1887, Margaret Abrahams to

<sup>52</sup> Jordan, *Marching Home*, 154; William Henry Glasson, *Federal Military Pensions in the United States* (New York: Oxford University Press, 1918), 124; Megan Jean McClintock, “Binding up the Nation’s Wounds: Civil War Pensions and American Families, 1861-1890,” (Ph.D diss., Rutgers University, 1994), 98; Theda Skocpol, *Protecting Soldiers and Mothers: The Political Origins of Social Policy in the United States* (Cambridge: Harvard University Press, 1995), 106; John William Oliver, “History of Civil War Military Pensions, 1861-1885,” *Bulletin of the University of Wisconsin* no. 844 History Series no. 1 (1917): 10.



Unpleasantness.”<sup>53</sup> His veto also spoke to the growing animus of the people towards pensions, veterans and the G.A.R. Americans, who had once celebrated and honored veterans, were increasingly growing suspicious of them, believing many of them were a drag on the treasury. The next year however, Benjamin Harrison replaced Cleveland as president. Harrison was a veteran of the war, and more friendly to new legislation. In 1890, Congress approved the Dependent Pension Act and Harrison signed it into law. The bill allowed any veteran who had served at least ninety days to receive a pension from the federal government.<sup>54</sup> Included among the rolls after 1890 were many insane veterans, some still at St. Elizabeth’s, who had previously been excluded.

The opportunity to receive a pension influenced how many families thought about the relationship of war and mental illness. Such was the case with Elizabeth Harris. Her husband, Dr. Joseph Harris had been admitted to St. Elizabeth’s in the 1870s, and during the following decade she began to wonder whether the war had caused Joseph’s mental breakdown, and whether she could receive a pension for it. In January 1883, she wrote to the superintendent, W.W. Godding:

“I do not know that I ever told you that Dr. Harris went through the war, and was on the field with the Army when Richmond was taken. I have been asked were not the seeds of insanity sown when he was on the field and he saw the distress and suffering of our Army? He never shrank from duty and he was a faithful and efficient contract surgeon. Were not his nerves affected by what he saw? And what he was obliged to go through with. Perhaps it was so, and if so, is he not entitled to a pension?”<sup>55</sup>

The more Elizabeth continued to think about it, the more convinced she became that the war had indeed driven Joseph insane. She probably really believed this. Yet, it is impossible to ignore that the possibility of a pension influenced her thought process. In late January, she wrote

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<sup>53</sup> Jordan, *Marching Home*, 161-163.

<sup>54</sup> Ibid., 165-167.

<sup>55</sup> Elizabeth Harris to W.W. Godding, January 1883, Case 4117, Dr. Joseph Harris.

W.W. Godding again, and by then her belief that the war had caused Joseph's disability had solidified:

“I remember Dr. sometimes would commence narrating some of the scenes that he witnessed as surgeon both in Hospital and on the field and then he would shudder and close his eyes, and say he could not tell them. And I never pressed it. He was always very reticent about telling me anything that would affect me. And now as I think of it, I believe that the seeds of disease were sown while he was connected with the Army.”<sup>56</sup>

Though pensions were not extravagant, they were often enough to help a family get by. Pensions, however, often came with their own set of problems, often dividing families, pitting the wife against the mother-in-law or the siblings. Frequently, the wife of a mentally ill veteran was appointed as guardian, which meant that pension checks were sent to her and she decided how to spend the money. This could—and did—infuriate other relatives. Catherine Hynes, for instance, was married to Thomas Hynes, who had been a soldier in Company G in the Seventieth New York Infantry, which had seen action in most of the major battles of the Eastern Theater. Thomas had been wounded in the war, but returned to serve in the Second Battalion of the Veteran Reserve Corps, a unit of disabled soldiers.<sup>57</sup> In 1876 Thomas was admitted to St. Elizabeth's Hospital diagnosed with chronic mania from an injury to the head. He filed for a pension in 1879, and his wife Catherine was appointed as guardian and began receiving the pension checks. In a letter written to W.W. Godding in 1885, Eliza Hynes, Thomas' mother, unleashed a torrent of abuse on Catherine. Their relationship had soured partly because Eliza charged Catherine with being a bad wife, claiming Catherine never took care of Thomas and got him committed to the asylum. “She is a very ungratefull[sic.] wife. I had to mind my son all the time until he was taken away. She turned him out and said she was afraid of him...I am on no

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<sup>56</sup> Elizabeth Harris to W.W. Godding, 18 January 1883, Case 4117.

<sup>57</sup> Thomas Hynes Civil War Record, Film No M551 Roll 69, National Park Service, Provo, UT (ancestry.com), accessed January 12, 2016.

speaking terms with his wife. I never spoke to her since he went away for the bad treatment she gave my good child,” Eliza wrote W.W. Godding in 1885.<sup>58</sup> Underlying all of this was likely intense jealousy, because Catherine was receiving pension checks that perhaps Eliza thought she did not deserve. Eliza claimed that Catherine “would not go to see” Thomas nor “bring the children to see him.” Eliza also fumed that Catherine had purchased a “new piano” and was “living in Big Style” but “wont[sic.] spend one cent” on Thomas.<sup>59</sup> It is unclear whether Eliza’s charges were true or not, but what is clear is that the pension checks drove a wedge in the relationship between Catherine and Eliza. Thomas died in St. Elizabeth’s Hospital in 1896.

Women who began to receive pension checks for their mentally afflicted husbands could also find themselves under investigation by the state. Following the passage of the Dependent Pension Act, the wives of many insane Civil War veterans filed for and received pension checks as legal guardians of their afflicted husbands. The Pension Bureau, however, was very keen that these checks should be used in support of the disabled veteran, and female guardians who were perhaps not dispersing the checks fairly could come under special investigation by the bureau. Unfortunately, the same standard was often not applied to male pension check receivers, who were encouraged to use the funds in support of not only themselves but also their families but often drank up that support or even abandoned their wife and children. The Pension Bureau did not launch special investigations of these men. Why? Probably there was something unsettling about a woman effectively becoming head of household, pulling a check and becoming, in effect, the first “welfare queens” of American history.

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<sup>58</sup> Eliza Hynes to W.W. Godding, 18 October 1885, Case 4012, Thomas Hynes, Box 17, Record Group 418, Records of St. Elizabeth’s Hospital, National Archives, Washington, D.C.

<sup>59</sup> Ibid.

On the 27 of August in 1859, Margaret McDonald had married Aaron Gaw in Ottawa County, Ohio. They were young ; Aaron was twenty-five and Margaret was eighteen years old. The war interrupted their newfound marital bliss. In 1863, Aaron was drafted and sent to the 139<sup>th</sup> Ohio Infantry.<sup>60</sup> In the summer of 1864, Gaw and the 139<sup>th</sup> Infantry were stationed at Point Lookout, Maryland.<sup>61</sup> He refused to reenlist—or perhaps the infantry refused to keep him—and he was discharged in September 1864. That fall he returned home to Port Clinton and to his wife Margaret. Aaron lived with Margaret in their home in Ottawa County for less than a year before she had him committed to a state insane asylum in Ohio. Aaron came home depressed, manic, and at one point became violent against Margaret, and like other households it was the violence that resulted in his commitment. “He was melancholy when he returned home and was very excitable,” Margaret remembered. “On the 14th day of April 1865 he was violently insane, he attempted to kill me and we had a terrible time with him in June of 1865 he was placed in the Insane Asylum.”<sup>62</sup>

In 1864, Aaron Gaw applied for and received a pension, which was extremely unusual given that the Pension Bureau rarely recognized insanity as a pensionable disability. However, the testimony of physicians that Gaw had become insane from the results of a serious illness was apparently convincing enough. Because Aaron shortly became mentally ill, he needed a guardian, and by 1864 Margaret was receiving eight dollars a month; in 1866 that rose to fifteen, in 1872 it rose to thirty one, in 1874 it rose to fifty and by 1878, it reached its highest payout at

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<sup>60</sup> Consolidated Lists of Civil War Draft Registration Records, Vol. 3, Record Group 110, Records of the Provost Marshal General’s Bureau, National Archives and Records Administration, Washington, D.C. (ancestry.com), accessed February 28, 2016.

<sup>61</sup> Aaron M. Gaw Claim for an Invalid Pension, 18 June 1868, Soldiers Certificate No. 91635, Private Aaron M. Gaw, Company K, 139<sup>th</sup> Ohio Volunteer Infantry, Civil War and Later Pension Files; Records of the Department of Veterans Affairs; Record Group 15; National Archives Building, Washington, D.C.

<sup>62</sup> Margaret Gaw Deposition, 28 June 1886.

seventy two dollars a month.<sup>63</sup> Meanwhile, Aaron bounced around from kin to kin, shifting into the custody of numerous organizations and family members. He remained at a state insane asylum in Newburgh for several years, until his brother checked him out and attempted to care for him at his home. That proved difficult, and when his brother tried to return him to Newburgh, they refused, so he was transferred to an asylum in Toledo where he stayed for half a decade. He was then released into the custody of his mother in Erie County, where he stayed until she died. Then he was sent into the custody of his sister, who kept him for several months before sending him to St. Elizabeth's Hospital.<sup>64</sup>

The trouble for Margaret Gaw began in 1886, when the Pension Bureau decided they were paying Aaron too much, and re-rated his pension to thirty dollars a month. Margaret got greedy, which was her undoing. She hired a lawyer to argue that Aaron deserved the previous amount of seventy-two dollars a month. During the ensuing investigation, it was discovered that Margaret was not paying for Aaron's board and treatment at St. Elizabeth's, and instead, Aaron was a "pauper patient" a ward of the state essentially.<sup>65</sup> With that discovery, the Pension Bureau launched a special investigation into Margaret Gaw. This special investigation would result in her being ousted as Aaron's guardian.

The special investigation revealed that there was tremendous acrimony in the Gaw family, between Margaret and Aaron's family. Aaron's mother and sister believed that Margaret was unfairly hoarding the pension money and not contributing enough for Aaron's support. Aaron's family was further outraged when Margaret began legal proceedings to gain control of a small parcel of land that Aaron's father had bequeathed to him. Aaron's mother tried to bargain

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<sup>63</sup> Claim for Re-Rating of Pension, Motion for Reconsideration, 4 November 1889.

<sup>64</sup> Margaret Gaw Deposition, 6 June 1886.

<sup>65</sup> Ibid.

with Margaret, promising Margaret that she could have the entire pension if she would just leave the land to Aaron. Margaret refused.<sup>66</sup> Margaret, for her part, believed that Aaron's family had perpetrated an assault upon her. In November 1885, Margaret received two male visitors at her door at 1458 Wilson Avenue, in Cleveland. They were interested in a room she was trying to rent to a boarder. It was late, so she asked them to return in the morning, but before she could close the door, they burst in, tied her up and blindfolded her. They then forced her to sign a paper renouncing her claim to Aaron's pension and her legal guardianship over him, which a judge later ruled was impermissible. Margaret believed Aaron's family had arranged the attack. "She has reason to believe that these men were directly or indirectly hired by relatives of the husband," she told police, "they being unfriendly to her."<sup>67</sup>

The federal special investigators William Herron and J. Jacobs met and interviewed Aaron's siblings, who all testified—the veracity of which is up for debate—that Margaret had contributed next to nothing for Aaron's care. But it was when Herron and Jacobs met W.W. Godding, superintendent of St. Elizabeth's, that they learned Gaw was a ward of the state and not financially supported by Margaret at all. Dr. Godding was furious to learn Aaron Gaw was a pensioner and immediately prepared a bill for Margaret. For Herron and Jacobs, this was damning information. "[S]he seems to think that the pension money is for her support and that the pensioner's wants are secondary consideration," Special Investigator Jacobs wrote to John G. Black.<sup>68</sup> William Herron recommended that Margaret be removed as Aaron's legal guardian: "I think facts will be developed that show that she is a very unfit person to be his guardian."<sup>69</sup>

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<sup>66</sup> Margaret Gaw Deposition, 6 June 1886; Aaron Gaw Deposition, 13 October 1885.

<sup>67</sup> Margaret Gaw Deposition, ND; Margaret Gaw Deposition, 2 December 1885.

<sup>68</sup> J. Jacobs to John G. Black, 20 July 1886.

<sup>69</sup> William Herron to John G. Black, 21 June 1886.

Shortly thereafter, Margaret was removed as Aaron's legal guardian. Aaron died the next year in 1887.

Undoubtedly, Margaret Gaw made at best, questionable decisions as Aaron's legal guardian. However, she likely believed that Aaron's pension was her due. Aaron, after all, had failed as a supportive husband and left her alone to fend for herself. She probably believed that it was only right and just that she receive and spend his pension as she saw fit. Moreover, the Pension Bureau saw fit to subject her to intense investigations that it would not have subjected a male pensioner to. While Margaret had made dubious decisions as legal guardian, many more male pensioners had done much worse and never found themselves on the receiving end of a Pension Bureau investigation.

Civil War veterans came home to families that, for the most part, sought to care for them at home in their communities. For families with kin that became mentally ill from the war, life was often a struggle. Living with a mentally ill household head often meant a life of poverty, or shame, or far worse. Years before the development of the field of psychiatry and the birth of the welfare state, life with mentally ill kin was very difficult. Families were grasping for answers and scratching for a way to stay economically afloat. For many, the economic struggle continued, but some questions about their relations mental illness began to be answered in the latter years of the 1890s.

## CHAPTER 7

## “His Relatives Suppose Him to be Partially Insane”

While a more contemporary understanding of the relationship between trauma and mental illness would not come about until the First World War, medical professionals in Europe and, to a lesser extent, the United States began theorizing about this relationship earlier than commonly thought. The new theories did not come from alienists, however. Rather, it was a new specialty, neurology, which paved the way towards a more modern field of trauma studies. In Europe, Jean-Martin Charcot, Pierre Janet, and Sigmund Freud began to propose radical new theories of what trauma could and did do to the human mind.<sup>1</sup> Meanwhile in the United States, Silas Weir Mitchell and his son John K. Mitchell began to conceive of trauma that went much deeper than the physical. In the 1890s, Silas and John put together a questionnaire and sent it to surviving Turner’s Lane patients, who at this point were living throughout the country, whom Silas had treated during and after the war. That questionnaire formed the basis of John K. Mitchell’s 1896 book *Remote Consequences of Injuries of Nerves and their Treatment*, which revealed that former Turner’s Lane patients were still in pain, experiencing phantom limb sensations, mood swings, explosive tempers, and mental declines, such as paralyzing nervous breakdowns and hysterical attacks.<sup>2</sup> In perhaps the first longitudinal study of the Civil War wounded, the

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<sup>1</sup> Mark S. Micale and Paul Lerner, eds., *Traumatic Pasts: History, Psychiatry, and Trauma in the Modern Age, 1870-1930* (Cambridge: Harvard University Press, 2001), 65-68.

<sup>2</sup> John K. Mitchell, *Remote Consequences of Injuries of Nerves and Their Treatment: An Examination of the Present Condition of Wounds Received 1863-1865, with Additional Illustrative Cases* (Philadelphia: Lea Brothers & Co., 1895), 1-20.



questionnaire revealed that Civil War veterans were still suffering—physically and mentally—from the trauma of war in ways that not even S. Weir Mitchell could have predicted and it forced Silas and John to think about trauma in new ways. While they still failed to arrive at a modern understanding—they believed nerve damage was responsible for much of the hysteria—they were beginning to connect the dots in new and controversial ways.

Dr. Silas Weir Mitchell was a Philadelphia native and a graduate of the University of Pennsylvania and Jefferson Medical College. He had traveled to Paris in 1850 to study medicine, on the tail end of a half century long migration of American medical students who studied with Parisian practitioners before the rise of German luminaries such as Robert Koch and Joseph Lister.<sup>3</sup> Mitchell sat in on many “great lectures” and attended a litany of “private courses” on a variety of specialties.<sup>4</sup> He walked with titans of Parisian medicine, such as Louis Pasteur, whom Mitchell thought, “possesses the noblest head I have seen in Paris.”<sup>5</sup> Mitchell also availed himself of the many leisure activities in Paris, such as strolling “the Luxembourg” to “study the pictures of modern French artists” or visiting the “grand old Louvre” the “Champs Elysses” and the “Place de la Concarde.”<sup>6</sup>

When the guns of Charleston harbor fired on Fort Sumter, inaugurating the Civil War, Mitchell was less patriotic than many northerners. Perhaps this was because of his father. John Kearsley Mitchell was a Virginia native and a member of the Democratic Party.<sup>7</sup> Or perhaps it

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<sup>3</sup> John Harley Warner, *Against the Spirit of the System: The French Impulse in Nineteenth Century American Medicine* (Princeton: Princeton University Press, 1998), 3.

<sup>4</sup> Silas Weir Mitchell to John Mitchell, 15 January 1851.

<sup>5</sup> Silas Weir Mitchell to John Mitchell, 15 February 1851.

<sup>6</sup> Silas Weir Mitchell to the boys, 16 January 1851.

<sup>7</sup> Nancy Cervetti, *S. Weir Mitchell, 1829-1914: Philadelphia's Literary Physician* (University Park: Penn State University Press, 2012), 6; for works on Weir Mitchell, see: Anna Robeson Burr, *Weir Mitchell: His Life and Letters* (New York: Duffield & Company, 1929); Ernest Earnest, *S. Weir Mitchell: Novelist and Physician* (Philadelphia: University of Philadelphia

was the influence of vast numbers of southerners who attended medical school in Philadelphia. Over one third of students enrolled at the University of Pennsylvania and Jefferson Medical College (Mitchell attended both) were from the South. Moreover, Philadelphia was considered by many to be a decidedly pro-southern town as Philadelphia elites profited from commerce with the South and were consistently hostile to abolitionism.<sup>8</sup> “I am more of a democrat than a republican not enough of either to please either,” Mitchell wrote his sister in July 1863.<sup>9</sup> “For my part I think all sides are in some,” Mitchell wrote to his sister a month later. “I have sympathy with something of all. Entire sympathy with none,” he wrote.<sup>10</sup>

Weir, as his friends called him, was employed as a contract surgeon, and he began his first hospital service at an old armory building at Sixteenth and Filbert Street (this building was, also the setting for the beginning of Mitchell’s novel *In War Time*, published in 1884 and which was based on his experiences).<sup>11</sup> While he was working at the hospital on Sixteenth and Filbert, Mitchell began to “take interest in cases of nervous diseases.” In 1863, Mitchell remembered, nobody at the hospital desired to keep such cases because they were “so little understood” and “so unsatisfactory in their results.”<sup>12</sup> Weir was able to convince Surgeon General William Hammond to set aside a larger ward, devoted solely to the treatment and study of “neural

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Press, 1950); David Rein, *S. Weir Mitchell as a Psychiatric Novelist* (New York: International Universities Press, 1952); Richard D. Walter, *S. Weir Mitchell, M.D., Neurologist: A Medical Biography* (Ann Arbor: The University of Michigan Press, 1970); Joseph P. Lovering, *S. Weir Mitchell* (New York: Twayne Publishers, 1971).

<sup>8</sup> Daniel Kilbride, “Southern Medical Students in Philadelphia, 1800-1861: Science and Sociability in ‘The Republic of Medicine’” *Journal of Southern History* 4 (November 1999): 712-731.

<sup>9</sup> Silas Weir Mitchell to Sister, 26 July 1863, Silas Weir Mitchell Papers.

<sup>10</sup> Silas Weir Mitchell to Sister, 10 August 1863, Silas Weir Mitchell Papers.

<sup>11</sup> Cervetti, *S. Weir Mitchell*, 68.

<sup>12</sup> S. Weir Mitchell, M.D., *Some Personal Recollections of the Civil War* (Philadelphia: Transactions of the College of Physicians of Philadelphia, 1905), 5.

maladies.” His tiny ward quickly overflowed, and a building known as Moyamensing Hall at Christian Street was opened. This also proved too small, so another, larger estate was procured.<sup>13</sup>

Weir recruited Dr. George Morehouse and young Dr. William W. Keen, and Turner’s Lane was born in 1864.<sup>14</sup> The wounded soldiers sent to the care of Mitchell, Morehouse and Keen had new and terrible wounds. While these wounds frightened some people, Weir was fascinated by the spectacle of patients at Turner’s Lane. Civil War projectiles did funny things to the human body. Minié balls were departures from the round musket balls of prior wars. Their cone shape made them more aerodynamic, which combined with new rifling technology in muskets, gave infantry new and deadly range and accuracy. Minié balls were larger than modern ordinance, and they moved slower too. When they hit something, even something soft, like a human body, the round flattened and tumbled. They mangled flesh, shattered bones and shredded sensitive nerves.<sup>15</sup> Surgeons, trying to save lives, often unintentionally damaged nerves as well. The ghastly nature of combat wounds, combined with the sheer number of the wounded, combined to force surgeons to perform large numbers of amputations. Over 29,000 amputations were *officially* performed on Union soldiers throughout the course of the war; over 21,000 patients survived the operation. The operation itself was based on speed, often to limit the danger

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<sup>13</sup> Mitchell, M.D., *Some Personal Recollections of the Civil War*, 5.

<sup>14</sup> Turner’s Lane has been tread over by historians before. Nancy Cervetti argues Mitchell’s work at Turner’s Lane was the foundation for trademark methods of treatment that later became part of the rest cure for elite women suffering from hysteria. Lisa Long argues that Mitchell’s patients at Turner’s Lane were emblematic of the physical and psychological devastation that the Civil War wreaked on Americans, and Mitchell’s work was an attempt to fix the unnerving changes the war wrought. See: Nancy Cervetti, “S. Weir Mitchell Representing “a hell of pain”: From Civil War to Rest Cure,” *Arizona Quarterly* 3 (Autumn 2003), 74; Lisa A. Long, *Rehabilitating Bodies: Health, History, and the American Civil War* (Philadelphia: University of Pennsylvania Press, 2004), 7-15.

<sup>15</sup> Paul Joseph Dougherty, M.D., “Wound Ballistics: Minié Ball vs. Full Metal Jacketed Bullets—A Comparison of Civil War and Spanish-American War Firearms,” *Military Medicine* 4 (April 2009), 403.

of hemorrhaging, and because of large numbers of wounded waiting for treatment following a battle. Nerves could sometimes be damaged in such hasty operations.<sup>16</sup>

As Shauna Devine argues, Weir Mitchell along with Jacob Da Costa became one of the earliest specialists in American medicine.<sup>17</sup> Prior to Turner's Lane, not one study had been attempted to understand the etiology of nerve damage. In *Gunshot Wounds, and other Injuries of Nerves*, Weir Mitchell wrote that he had only encountered one book that dealt with nerve damage, an untranslated French textbook that only included "a limited class of nerve lesions."<sup>18</sup> Additionally, several books on military surgery included a few descriptions of nerve damage, but they were included as "curiosities" and "matters for despair" rather than subjects for clinical study.<sup>19</sup> *Gunshot Wounds* was the first monograph that substantially investigated injuries to the nerves.

In addition, the pain these soldiers felt and the manner in which they suffered sometimes seemed to blend with insanity. Indeed, the kin of wounded soldiers at Turner's Lane often believed they were insane rather than nerve damaged, as their suffering seemed so outlandish. David Schively's case is illustrative of this new problem. Schively was a seventeen-year-old

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<sup>16</sup> Alfred J. Bollet, M.D., *Civil War Medicine: Challenges and Triumphs* (Tuscon: Glendale Press, 2002), 98-99; for other sources on Civil War Medicine see: George Worthington Adams, *Doctors in Blue: The Medical History of the Union Army* (New York: Henry Schuman, 1952); H.H. Cunningham, *Doctors in Gray: The Confederate Medical Service* (Baton Rouge: Louisiana State University Press, 1958); Richard H. Schryock, "A Medical Perspective on the Civil War," *American Quarterly* 14 (1962): 161-173; Frank R. Freeman, *Gangrene and Glory: Medical Care During the American Civil War* (Madison: Fairleigh Dickinson University Press, 1998); Alfred J. Bollet, M.D., "The Truth About Civil War Surgery," *Civil War Times* 43 (2004): 26-56; Ira Rutkow, M.D., *Bleeding Blue and Gray: Civil War Surgery and the Evolution of American Medicine* (New York: Random House Publishing, 2005); James M. Schmidt and Guy R. Hasegawa, eds., *Years of Change and Suffering: Modern Perspectives on Civil War Medicine* (Roseville: Edinborough Press, 2009).

<sup>17</sup> Devine, *Learning from the Wounded*, 132-170.

<sup>18</sup> S. Weir Mitchell, George R. Morehouse, William W. Keen, *Gunshot Wounds and Other Injuries of Nerves* (Philadelphia: J.B. Lippincott & Co., 1864), 10.

<sup>19</sup> *Ibid.*, 10.

Pennsylvania native who had volunteered for the war in the summer of 1862. He joined Company E of the 114<sup>th</sup> Pennsylvania Volunteers and a summer later he found himself not far from home, near a little town called Gettysburg in southern Pennsylvania. On July 2<sup>nd</sup>, during the intense fighting, Schively was terribly wounded. As he raised up to fire his rifle, a ball smashed through his right clavicle and exploded out of his right arm. As he was leaving the field he was shot in the face, leaving him blind in his right eye. Schively survived, and a week later he began to feel a “burning pain in the palm and fingers” of his right arm.<sup>20</sup> By December of 1863, the burning in Schively’s right hand was “intense and constant.” Heat, exposure, and dry skin made the pain worse. To compensate, he kept both hands “covered with loose cotton gloves, which he wets at brief intervals.”<sup>21</sup> Schively was especially fearful of “having the right hand touched” because of the intense pain in that hand. The constant pain eventually changed Schively, making him “nervous and hysterical to such a degree that his relatives suppose him to be partially insane.”<sup>22</sup> Schively presented an odd spectacle. His wound had changed him into a tremulous specter. His pain unmanned him. Each time he poured water over his cotton gloves, his friends and family grew doubtful of his sanity.

In 1866, Schively came across an ad for a penmanship contest for Civil War amputees being put on by William Oland Bourne. Bourne had been a chaplain at Central Park Hospital in New York, ministering to the spiritual health of wounded and sick soldiers there. He was deeply moved at the plight of injured and ill soldiers, and they were moved by his compassion for them. Bourne started *The Soldier’s Friend*, a newspaper for Civil War veterans. In 1866, he started a penmanship competition for Civil War veterans who had lost their right arms in the war and

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<sup>20</sup> Mitchell, Morehouse, and Keen, *Gunshot Wounds*, 87.

<sup>21</sup> *Ibid.*, 89.

<sup>22</sup> *Ibid.*, 89.

relearned to write with their left (everyone was believed to be right handed in the nineteenth century). Winners would receive cash prizes, as well as scholarships for college. Moreover, businesses would hopefully see that Civil War amputees could still be useful as clerks and accountants, perfectly capable of employment. Schively hoped to win a scholarship with his entry: “my great desire is to obtain an education so that I can help advance the interest of my country.”<sup>23</sup> He begged off any errors in his penmanship, blaming them on his persistent nervousness stemming from his injury: “I am very nervous yet from the affects of my wounds.”<sup>24</sup>

Elaine Scarry writes that the recognition of pain is something that cannot be denied and something that cannot be confirmed, to have pain is to have certainty, to hear about pain is to have doubt.<sup>25</sup> This was particularly true of Turner’s Lane. Wounded men in Turner’s Lane formed a class of pariahs—untouchables—no one believed the pain they suffered was real, and they bounced from hospital to hospital like human hot potatoes. The men who eventually filled the wards of Turner’s Lane suffered from an “intense burning sensation” in their limbs. For some “a touch or tap of the finger” or “[e]xposure to the air” or “the rattling of a newspaper” or “another’s step across the ward” could leave them writhing in agony.<sup>26</sup> Mitchell, Morehouse, and Keen noted that as time went on, the intense pain changed the patient. The trio of doctors wrote that as the pain increased the “temper changes and grows more irritable” the “face becomes anxious” and “has a look of weariness and suffering.”<sup>27</sup> Even Mitchell himself was sometimes

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<sup>23</sup> David Schively to Henry W. Bellows, 2 May 1866, William Oland Bourne Papers, Library of Congress, Washington, D.C.

<sup>24</sup> Ibid.

<sup>25</sup> Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (New York: Oxford University Press, 1985), 13.

<sup>26</sup> S. Weir Mitchell, George R. Morehouse, William W. Keen, *Gunshot Wounds and Other Injuries of Nerves* (Philadelphia: J.B. Lippincott & Co., 1864), 103.

<sup>27</sup> Ibid., 103.

suspicious, and the trio of doctors authored a study of new ways to detect shirkers, based on experiments on patients at Turner's Lane!

Weir first tried to relieve the burning pain, which he called neuralgia, with traditional methods. Free use of leeches, blistering, and cauterizing of the wound were used and expected to deliver results. While these treatments may seem strange, even barbaric to modern readers, in the nineteenth century these were standard treatment options for physicians.<sup>28</sup> Combined with traditional therapeutic practices, Mitchell and his cohort were not afraid to experiment with new technologies and therapies. They believed in the power of electricity, for instance, and frequently faradized patients with electric currents. Running electric currents into a patient was believed to indicate whether nerve damage had taken place and could exercise the muscles, preventing atrophy. They frequently employed "hypodermic injections of morphia" to relieve the pain and believed that morphine was, in many cases "curative."<sup>29</sup> Mitchell estimated that 40,000 injections of morphine were used at Turner's Lane during its operation.<sup>30</sup> Ultimately, however, Mitchell was unable to cure many of his patients at Turner's Lane. Instead, he could only relieve their pain in the short term. The patients, though, were grateful for even this small act. "It is such a pleasure to see men who have suffered hopeless and helpless from Hosp. to Hospital... to see

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<sup>28</sup> Charles Rosenberg, "The Therapeutic Revolution: Medicine, Meaning, and Social Change in Nineteenth Century America," in Morris J. Vogel and Charles E. Rosenberg, eds., *The Therapeutic Revolution: Essays in the Social History of Medicine* (Philadelphia: University of Pennsylvania Press, 1979), 15-21; John Harley Warner, "From Specificity to Universalism in Medical Therapeutics: Transformations in the 19<sup>th</sup> century United States," in Judith Walzer Leavitt and Ronald L. Numbers, eds., *Sickness and Health in America: Readings in the History of Medicine and Public Health* (Madison: University of Wisconsin Press, 1997), 91-92.

<sup>29</sup> Mitchell, Morehouse, and Keen, *Gunshot Wounds*, 146.

<sup>30</sup> Mitchell, *Some Personal Recollections of the Civil War*, 6; David T. Courtwright has argued that widespread use of opiates may have led to high addiction rates: David T. Courtwright, "Opiate Addiction as a Consequence of the Civil War," *Civil War History* 24 (June 1978), 101.

them walking about grateful even to tears,” Weir wrote his Sister in 1863. “I have just cured a charming old naval captain of paralysis from wounds. You never saw a man so pleased.”<sup>31</sup>

The work of Turner’s Lane was exhausting. Mitchell spent his days running his private practice, his afternoons in Turner’s Lane, and his nights pouring over his notes, sometimes into the wee hours of the morning. In 1864, he suffered a nervous breakdown and temporarily abandoned his work at Turner’s Lane. Following the war Mitchell devoted his professional career to treating upper class women who were suffering with nervousness or hysteria with his infamous “rest cure.” Mitchell certainly thought he was helping many patients, and many patients believed that they had been helped by him. However well intentioned he was though, it is also clear that he did tremendous damage to many women. An untold number of talented, brilliant women were told by Mitchell and his many disciples that they should deny their impulses to seek an education or a career and instead subordinate themselves to their husbands or fathers and embrace a domestic life. A handful, such as Jane Addams, Virginia Woolf and most famously, Charlotte Perkins Gilman, not only rejected his treatment but vehemently protested against it.<sup>32</sup>

Regardless, Mitchell’s work at Turner’s Lane and his development of the rest cure inaugurated a new specialty in American medicine: neurology. Very quickly, neurologists came to be intensely critical of the theory and practice of alienists in their asylums. Mitchell and fellow neurologist Charles Beard rejected moral therapy and instead argued that many cases of insanity were likely caused by nerve damage. Mitchell likewise rejected the prescription of drugs to treat insanity and instead argued that patients should be treated with rest, isolation, diet, and massage.

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<sup>31</sup> Silas Weir Mitchell to Sister, 10 August 1863, Silas Weir Mitchell Papers.

<sup>32</sup> Suzanne Poirier, “The Weir Mitchell Rest Cure: Doctor and Patients,” *Women’s Studies* 10 (1983): 24-35.



This professional rivalry grew, eventually boiling over in the trial of Charles Guiteau, President James Garfield's assassin. Guiteau had lived a strange, sad life, the victim of outlandish fantasies, the most famous being his conviction that he deserved a high position in Garfield's administration. The prosecution relied on the opinions of alienists, who largely believed Guiteau was a victim of his own vanity and vice, and therefore, responsible for his own actions. The defense relied upon the professional opinion of neurologists, especially Dr. Edward Spitzka, who argued that Guiteau's actions, and his sad life, were a result of mental illness.<sup>33</sup>

The rise of neurology embroiled the medical community in Europe as well. Jean-Martin Charcot, the "Napoleon of neurosis," was diving into clinical research on hysteria and hypnosis at the La Salpêtrière in Paris in the 1880s. Neurologists began to posit pathological conditions that caused hysteria and nervousness, rejecting moral therapy and alienist doctrine. Charcot argued that intense fright could produce a self-induced hypnotic state, during which judgment was suppressed and patients became highly suggestible. Charcot's student Pierre Janet, who became a lecturer at the Sorbonne, argued that the mind could be dissociated into two states, the conscious and the subconscious. Traumatic events could be clustered in the subconscious, many times without a patient even knowing. Janet believed these traumatic memories could be uncovered with hypnosis, until hypnosis fell into professional disrepute. The research of Charcot and Janet was the early bud of the idea of a traumatic memory, which would eventually flower into PTSD.<sup>34</sup>

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<sup>33</sup> Charles E. Rosenberg, *The Trial of the Assassin Guiteau: Psychiatry and Law in the Gilded Age* (Chicago: University of Chicago Press, 1968), 155-169.

<sup>34</sup> Christopher G. Goetz, Michel Bonduelle, and Toby Gelfand, *Charcot: Constructing Neurology* (New York: Oxford University Press, 1995), 179-210; Henri F. Ellenberger, *The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry* (New York: Basic Books, 1970), 331-417.

Even Weir Mitchell was critical of the practice of alienists. Asylum psychiatrists invited him to speak at the annual meeting of the American Medico-Psychological Association, formerly AMSAI, in 1892, and he did not pull any punches. Mitchell, who was a devout disciple of the scholar physician model, was especially critical of the lack of research published by many alienists:

“Want of competent original work is to my mind the worst symptom of torpor the asylums now present. Contrast the work you have done in the last three decades with what the work our own little group of neurologists have done... What is the matter? You have immense opportunities, and seriously, we ask you experts, what have you taught us of these 91,000 insane whom you see or treat? You will point to certain books, some good work in this or that asylum, but, as we judge you, to no such amount of thoughtful output as your chances might lead us to expect.”<sup>35</sup>

In the 1890s, Weir Mitchell’s son, John K. Mitchell, was patrolling the wards of the Hospital of Orthopedic and Nervous Diseases in Philadelphia when he began to notice that many Civil War veterans—some former patients at Turner’s Lane—were showing up at the hospital. Father and son began to wonder about the health of Weir’s former soldier-patients and organized a follow up study of veterans and began to try and find veterans of Turner’s Lane. They created a list of close to one hundred former Turner’s Lane patients and sent them questionnaires. Some were dead, some refused to respond, but over two dozen did.<sup>36</sup> In addition, a separate questionnaire was sent out to amputees from the war to ascertain the state of their health. This questionnaire represents perhaps the only longitudinal study of the health of Civil War amputees, though it demonstrated mostly that while Mitchell had made great strides in describing the health problems of amputees, he had been less successful in treating them. Thirty years after Turner’s Lane, a majority of amputees questioned were still plagued by sensitivity, pain, burning

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<sup>35</sup> S. Weir Mitchell, “Address Before the Fiftieth Annual Meeting of the American Medico-Psychological Association,” in Gert H. Brieger, ed., *Medical America in the Nineteenth Century: Readings from the Literature* (Baltimore: Johns Hopkins University, 2009), 226.

<sup>36</sup> John K. Mitchell, List of patients, Series 4, Silas Weir Mitchell Papers.

sensations, stump twitches, and phantom limb sensations. Veterans were also surveyed about mood changes and sleep patterns. Along with the early work of Sigmund Freud in Europe, Mitchell's study began to link trauma and psychological change much earlier than previously understood. While fundamental shifts on the connection between combat and psychology did not take place until after the First World War, this study demonstrates that physicians were thinking about this topic twenty-five years earlier.<sup>37</sup>

All but one of the respondents were veterans of the Civil War, and received their injuries while in uniform. The amputees who responded represented a wide sample of Union veterans from Pennsylvania, New York, Massachusetts, West Virginia, Kentucky, Georgia, Oklahoma, Missouri, and California. They were from varying socio-economic positions, although the vast majority were poor. Their overall health varied as well; some claimed to be in excellent health, while others claimed to be physically breaking down.

About half of the sampled Civil War amputees received their injuries in combat, though some had been injured in accidents. John S. Dardinger was a German-born farmer from Wheeling, Virginia that joined the Eleventh Regiment of West Virginia Volunteers. In the summer of 1863, while preparing to fire a cannon to salute the Union victory at Vicksburg, the

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<sup>37</sup> Mitchell diagnosed this nerve pain at Turner's Lane causalgia. In the 20<sup>th</sup> century, causalgia was re-diagnosed as Reflex Sympathetic Dystrophy (RSD). RSD was again re-diagnosed as Complex Regional Pain Syndrome (CRPS), with 2 types. CRPS is a syndrome characterized by continuing regional pain that is disproportionate in time or degree to the usual course of pain after trauma or other lesion. The aetiology of CRPS is not fully understood, but it is believed to be an exaggeration of physiological responses and is thought to occur on multiple levels of the central nervous system. See: Munmun Pandita and Umer Arfath, "Complex Regional Pain Syndrome of the Knee-A Case Report," *BMC, Sports Science, Medicine, and Rehabilitation* 15 (2013), 1.

gun went off prematurely, taking both of Dardinger's hands with it.<sup>38</sup> Frank Mark was a private in Backhoff's Battalion, in the First Missouri Light Artillery. In May 1861, the battalion was performing a drill near St. Louis when the cannon went off unexpectedly, tearing Frank's arms off at the elbow and shoulder.<sup>39</sup> Clark Gardner was a native of Rodman, New York. When the war broke out Gardner joined Company B in the Tenth New York Volunteer Infantry. However, Gardner had protracted bouts of illness and he was forced to transfer to the Second Battalion of the Seventy-Seventh Company of the Veteran Reserve Corps. Gardner and his company were detailed as nurses at a hospital in Washington, and while there, Gardner developed a sore on his left wrist that grew worse and worse. A surgeon at the hospital examined Gardner's wrist and diagnosed it as disease of the bone, and told Gardner he would have to lose the arm. Gardner received a furlough, traveled back to New York and his arm was amputated.<sup>40</sup> Sanford Pettibone volunteered for the Thirty-Third Illinois Volunteer Infantry late, in 1865, as he had finally turned 18, just in time to fight the last battles of the war. In March, Pettibone and his regiment were traveling on the railroad from New Orleans to Opelousas, when the train crashed. Sanford was thrown from the train, which then ran over his legs and crushed them. Sanford's legs were mangled so badly that the doctor had to amputate both of them.<sup>41</sup>

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<sup>38</sup> Soldier's Certificate No. 31195, Private John S. Dardinger, Company A, 11th Regiment West Virginia Volunteers; Civil War and Later Pension Files; Records of the Department of Veterans Affairs; Record Group 15; National Archives Building, Washington, D.C.

<sup>39</sup> Soldier's Certificate No. 9612, Private Frank Mark, Company A, Backhoff's Light Artillery Missouri Volunteers; Civil War and Later Pension Files; Records of the Department of Veterans Affairs; Record Group 15; National Archives Building, Washington, D.C.

<sup>40</sup> Soldier's Certificate No. 41985, Private Clark A. Gardner, Company B, 10<sup>th</sup> New York Volunteers; Civil War and Later Pension Files; Records of the Department of Veterans Affairs; Record Group 15; National Archives Building, Washington, D.C.

<sup>41</sup> Soldier's Certificate No. 770741, Private Sanford Pettibone, Company D, 33rd Illinois Volunteer Infantry; Civil War and Later Pension Files; Records of the Department of Veterans Affairs; Record Group 15; National Archives Building, Washington, D.C.

More of Mitchell's respondents were wounded in battle. At the Battle of Ringgold on November 27<sup>th</sup>, 1863, Henry Kircher was wounded and his regiment was cut to pieces. As Kircher had charged a Minié ball slammed into his right arm, shattering the humerus bone. Henry fell to the ground, and as he sat stunned and bleeding, another Minié ball crashed into his left leg shattering the patella. His comrades carried the grievously wounded Kircher to the field hospital, and his right arm and left leg were amputated.<sup>42</sup>

Kircher's injury was serious, very few double amputations were performed during the war, and even fewer soldiers survived them. "I had hoped to see Heinrich[Henry] grown to be a blooming youth full of potential after a long absence," Charles Stierlin wrote Henry's parents following his injury. "And now, crippled like a young oak! It would be useless undertaking for me to try and console the family...the pain is too much."<sup>43</sup> Characteristically, Henry was urged to find a way to make himself useful. Nothing, not even a disability, was an excuse for a man to be a loafer. Even the most seriously disabled individual could find a route to success through hard work and innovation. Following his injury, Henry Kircher's father wrote him: "The loss of the leg and the arm is hard, but there remains nothing else to do but to adjust to what cannot be changed and to fit yourself into anything that will clearly lead to alleviate it."<sup>44</sup>

Many of the Civil War veterans whom Mitchell had treated and contacted again much later in life, lived lives of agony. In 1876, Sanford Pettibone, who had lost his legs in a railroad accident during the war, was living in Kansas. He was living in constant pain. His wounds had

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<sup>42</sup> Soldier's Certificate No. 36243, Henry A. Kircher, Captain, Company E, 12th Missouri Volunteer Infantry; Civil War and Later Pension Files; Records of the Department of Veterans Affairs; Record Group 15; National Archives Building, Washington, D.C.

<sup>43</sup> Charles Stierlin to Joseph Kircher, 7 December 1863 in Earl J. Hess, ed., *A German in the Yankee Fatherland: The Civil War Letters of Henry A. Kircher* (Kent: The Kent State University Press, 1983), 153.

<sup>44</sup> Joseph Kircher to Henry Kircher, 14 December 1863, in Hess, ed., *A German in the Yankee Fatherland*, 149.

never entirely healed and he lived with “continual ulceration of the stumps” which caused “loss of blood” and left Pettibone with “almost unbearable suffering.”<sup>45</sup> For Civil War amputees, pain and suffering were not a trial that revealed some great truth. Instead, pain was never ending, continuous and useless, revealing not deeper truths but stealing a man’s very life. For many of these walking wounded, even being touched was painful, their sensitivity evoking feminine vulnerability that ill-comported with their images of themselves.

Civil War amputees were also afflicted with uncomfortable twitching and involuntary movement in their stumps.<sup>46</sup> Weir Mitchell had noticed these movements and recorded them in *Injuries of Nerves*. He speculated that the stump was “apt to be disturbed by mental emotions” and “liable to certain nervous disorders, which are often intractable.”<sup>47</sup> John Erichsen, a prominent surgeon, wrote that a “painful stump” usually occurred in “females” and with those of a “hysterical temperament.” Erichsen believed that no surgery would help amputees with painful twitching due to the fact that the “convulsive jerkings or twitchings” was due to the “influence of various emotional and constitutional causes.”<sup>48</sup> Nineteenth century physicians viewed this condition as almost a window into the temperament of a patient. A battle-hardened amputee could be the manliest of men, but his stump would always betray his façade of maleness. Deep down, if he had a hysterical temperament, his stump would give him away. As the stump broke out in feminine jerks and twitches, making the amputee prostrate with pain and discomfort, his veneer of manliness was broken, revealing his secret, yet undeniable weakness.

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<sup>45</sup> Soldier's Certificate No. 770741, Private Sanford Pettibone, Company D, 33rd Illinois Volunteer Infantry, National Archives Building, Washington, D.C.

<sup>46</sup> O'Connor, “Fractions of Men,” 744.

<sup>47</sup> S. Weir Mitchell, *Injuries of Nerves and their Consequences* (Philadelphia: J.B. Lippincott & Co., 1872), 344-347.

<sup>48</sup> John Erichsen, *The Science and Art of Surgery: A Treatise on Surgical Injuries, Diseases, and Operations* (Philadelphia: Blanchard and Lea, 1854), 87.

A deeper probe into the pension records of the men questioned by Mitchell reveals that many of these men likely battled feelings of inferiority for the remainder of their lives. These men grew up in a time and a place that put a premium on independent manliness.<sup>49</sup> Severe injuries, like the wounds Mitchell's men sustained, put their masculinity in serious doubt. Dependence became a regular facet of life for many amputees. They were not producers, but consumers. They relied on a pension check from the government. Uncle Sam became the household head; others were beset with conditions like nervousness and hysteria, diagnoses that dripped with femininity.

Pension records reveal the depths of such feelings in the amputees themselves. The cannon that blew John Dardinger's hands off, for instance, also took his independence. Dardinger was forced to rely upon his family for his everyday welfare. "It has bin[sic.] my business the greater part of my time since I was 12 years old to aid and assist my father," George Dardinger, John's son, claimed, "dressing and wayting[sic.] on him at the table and ever since I can remember my self and mother has had to take more or less care of him in aiding him in his helpless condition."<sup>50</sup> The cannon that took his hands turned John's world upside down. Father no longer cared for son, son now cared for father.

Sanford Pettibone lived an even tougher existence. The railcar that crushed his legs left him "entirely helpless" like a turtle on its shell.<sup>51</sup> Sanford needed an assistant to not only care for him, but to provide basic mobility. His stumps were so "sickly and tender that he can bear but

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<sup>49</sup> E. Anthony Rotundo, *American Manhood: Transformations in Masculinity from the Revolution to the Modern Era* (New York: Basic Books, 1993), 176; Michael Kimmel, *Manhood in America: A Cultural History* (New York: The Free Press, 1996), 78.

<sup>50</sup> Soldier's Certificate No. 31195, Private John S. Dardinger, Company A, 11th Regiment West Virginia Volunteers, Civil War and Later Pension Files.

<sup>51</sup> Soldier's Certificate No. 770741, Private Sanford Pettibone, Company D, 33rd Illinois Volunteer Infantry, Civil War and Later Pension Files.

little weight on them” making artificial limbs too painful, and a man without legs was useless with crutches.<sup>52</sup> So an attendant, Frank Mullen, became his artificial legs.

Inconspicuous mobility was the first litmus test of manhood for amputees. A gaggle of artificial limb manufacturers exploded during the war, catering to the new batch of crutched clients. Oliver Wendell Holmes urged these men to embrace becoming part machine, for the alternative was emasculation and despair. In “an age when appearances are realities,” Holmes wrote, “it becomes important to provide the cripple with a limb which shall be presentable in polite society, where misfortunes of a certain obtrusiveness may be pitied, but are never tolerated under the chandeliers.”<sup>53</sup> Unfortunately for Sanford Pettibone, pitied but never tolerated became his new life. In a bizarre twist, Pettibone was infantilized, carried “from room to room” by Mullen, who also “assisted in draping him” and “carried him from the bed to the table to his meals daily.”<sup>54</sup>

The cannon that blew off Daniel Fuller’s arms off at Antietam robbed him of his productive value to society as well. Artificial limbs were a usually blessing for those without legs (men like Pettibone aside). But those without arms were doomed to don antiquated hooks and claws. In the nineteenth century, very few job offers catered to armless veterans. Fuller had not been able to “follow any occupation” since his injury.<sup>55</sup> Worse than his unemployment, though,

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<sup>52</sup> Soldier's Certificate No. 770741, Private Sanford Pettibone, Company D, 33rd Illinois Volunteer Infantry, Civil War and Later Pension Files.

<sup>53</sup> Oliver Wendell Holmes, “The Human Wheel, Its Spokes and Felloes,” *Atlantic Monthly* 1863, 517.

<sup>54</sup> Soldier's Certificate No. 770741, Private Sanford Pettibone, Company D, 33rd Illinois Volunteer Infantry, Civil War and Later Pension Files.

<sup>55</sup> Soldier's Certificate No. 13568, Daniel Fuller, private, Company G, 53<sup>rd</sup> Pennsylvania Volunteer Infantry; Files of Approved Pension Applications of Veterans Who Served in the Army and Navy Mainly in the Civil War and the War with Spain, 1861-1934; Civil War and Later Pension Files; Records of the Department of Veterans Affairs; Record Group 15; National Archives Building, Washington, D.C.



was his inability to “feed himself or attend to the calls of nature” without the assistance of another person.<sup>56</sup> Injury did more than affect the mobility of these men, it shattered their independence into fragments.

Stumps did stranger things than twitch and jerk. Some Civil War amputees were plagued not only by the memory of a limb lost, but by the sensation of the limb itself. Amputees could often still feel the lost limb, a phantom sensation that fascinated, frightened, and annoyed all at once. Mitchell himself had coined the term “phantom limb” in 1872 but even he was surprised to find the condition lasted so long. These limbs, Mitchell wrote in *Injuries of Nerves* in 1872, were a “sensory ghost” “so vivid” and “so strange,” “faintly felt at times” but always “ready to be called up to his perception.”<sup>57</sup> Modern science has yet to confidently explain Phantom Limb Sensation (PLS) and Phantom Limb Pain (PLP). Some scientists suggest that there is some kind of disruption in the transmission of signals to and from the cortex of the brain.<sup>58</sup> Almost twenty years after *Injuries of Nerves*, the questionnaire revealed every single Civil War amputee questioned by Mitchell confessed to *still feeling the part*. This must have been a terribly confusing experience. And as if sensory reminders were not enough, pain would often follow. How were amputees supposed to move on with such a constant visceral reminder of what the war had cost them?

H.S. Huidekohen had been wounded on the first day of Gettysburg, a ball had smashed through his right elbow, making a mess of the complicated joint. Luckily, Huidekohen carried a makeshift tourniquet, a “cord with a noose at the end of it” which he had “carried for the

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<sup>56</sup> Ibid.

<sup>57</sup> Mitchell, *Injuries of Nerves*, 348.

<sup>58</sup> Delia G. Wilcher, Ivan Chernev, Kun Yan, “Combined Mirror Visual and Auditory Feedback Therapy for Upper Limb Phantom Pain: A Case Report,” *Journal of Medical Case Reports* 5 (2011), 3.

purpose” for almost the entire war.<sup>59</sup> Huidekohen tied up his arm, walked to the rear of the battlefield and at a field hospital had his right arm amputated. Following his operation, he went back home and took up his old life as a farmer—what most Civil War men tried to do. For many years, while he would be driving in his wagon “a gust of wind would make it possible that” his “straw hat would blow off” and “an attempt was involuntarily made to catch” his hat with his formerly amputated “right hand.”<sup>60</sup> “This feeling of possibility of using the right hand gradually grew less, until it entirely disappeared,” Huidekohen recalled in 1906, “and now, I never think of using my right hand with any thought of using it.”<sup>61</sup> Yet his brain could not let go, and he, like the broken men of Turner’s Lane, lived with the specter of an arm. “Of course,” Huidekohen wrote, “as with everybody else who has lost a limb, the fingers are distinctly felt, and pains occur oftentimes to various parts of them, lasting, in my case, from one to ten seconds.”<sup>62</sup> Moreover, as if his phantom limb was not confusing enough, Huidekohen revealed that in the innermost recesses of his subconscious, he was spatially whole, un-mutilated. “I was 24 years old when I lost my arm, and am now 67,” Huidekohen wrote Mitchell. “Almost two-thirds of my life has passed without thought of the possible use of my right arm, and yet never have I dreamed once, that I was not without two arms... When I ride, or drive, or cling to limb on the trees, or write, in my dreams, I always have the use of both my hands.”<sup>63</sup>

Mitchell’s longitudinal study demonstrates that many of the terrors of Turner’s Lane—sensitivity, pain, burning, twitching—were still a fact of life for these men. Mitchell had done little to cure them, but he had done much to describe what ailed them. This seemed to be a

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<sup>59</sup> H.S. Huidekohen to S.W. Mitchell, 10 February 1906, S. Weir Mitchell Papers.

<sup>60</sup> Ibid.

<sup>61</sup> Ibid.

<sup>62</sup> Ibid.

<sup>63</sup> Ibid.

similar exercise. However, Mitchell's questionnaire probed for evidence of a deeper change to these men following their horrific injuries. Mitchell suspected that these men may have been psychologically and emotionally altered after their experience. He asked his subjects, for instance, if the loss of their member had altered their *intellectual powers* or their *disposition* or their *sleep patterns*? These were important questions that very few medical professionals were asking in this period. These questions were likely a reflection of the sea changes in psychology occurring in the medical field in the 1880s and 1890s. European masters of psychiatry such as Jean-Martin Charcot, Pierre Janet and Sigmund Freud were themselves theorizing about the emotional and psychological changes wrought by traumatic events, and around the time Mitchell was drafting and sending out his questionnaire, Freud was publishing groundbreaking research on the relationship of a traumatic event and hysteria.<sup>64</sup>

While Mitchell was hinting at the connection between trauma and mental health, however, Freud was making explicit connections. Building especially off of Pierre Janet's work, Freud argued that many cases of hysteria were caused by a traumatic event, such as an accident. "In regard to traumatic hysteria it is obviously the accident which has evoked the syndrome," Freud and Breuer wrote, "and when we learn from the utterances of patients in hysterical attacks that they invariably hallucinate in every attack a repetition of the original occurrence which evoked the first, the casual connection then also becomes perfectly clear."<sup>65</sup> Freud argued that in cases of traumatic neuroses, it was not bodily injury or illness that caused hysteria instead it was fright. He called this psychic trauma, and he argued that any "experience which rouses the

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<sup>64</sup> Young, *The Harmony of Illusions*, 15-38.

<sup>65</sup> Sigmund Freud and Joseph Breuer, "On the Psychological Mechanism of Hysterical Phenomena," in Ernest Jones, ed., *Sigmund Freud, Collected Papers: Volume 1* (New York: Basic Books, 1959), 24-25.

distressing affects of fright, apprehension, shame, or psychological pain can have this effect.”<sup>66</sup>

Moreover, Freud found that many patients who had endured a psychic trauma did not have ready access to memories of that trauma. Instead, they often could only be accessed via hypnosis. For other patients, though, these memories could be intrusive, coming upon them in a distressing dream or a frightening hallucination. Freud noticed that many of his patients “invariably hallucinate in every attack a repetition of the original occurrence” and these hallucinations retained “wonderful freshness.”<sup>67</sup> It was these frequent nightmares and hallucinations that convinced Freud that psychic traumas were real, and were causing hysteria among many of his patients. While contemporary diagnoses such as PTSD were not yet in play, Freud was one of the first psychiatrists to begin to note that trauma could change a person at a deep emotional level. He continued to research and write about psychic trauma and its relationship with hysteria until 1896, when he began to formulate his famous Freudian theories of sexuality and the human mind. Interestingly, Mitchell became a critic of Freud in the early years of the twentieth century, believing that Freud’s therapeutic ideas were nonsense. Freud’s career, however, was blossoming, while Mitchell’s career was in its twilight before his death in 1914. Following the Great War, Freud returned to the relationship of trauma and psychological breakdown.

Only two veterans responded that the loss of their member *had* altered their *intellectual powers*, though they may have been confused. What exactly Mitchell meant by *intellectual powers* is far from clear. Sanford Pettibone, the legless man from Illinois, wrote that “mental study is painful.”<sup>68</sup> E.D. Watkins, a resident of Kentucky, had lost both his feet in 1865. Asked if

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<sup>66</sup> Freud and Breuer, “Hysterical Phenomena,” in Jones, ed., *Sigmund Freud*, 27.

<sup>67</sup> *Ibid.*, 31.

<sup>68</sup> Sanford Pettibone Questionnaire, Series 4, Silas Weir Mitchell Papers.

his intellectual powers had been altered, Watkins wrote: “to some extent.” On the back of the questionnaire, Watkins elaborated. “My mind at times is strong and active,” Watkins wrote, “then it is heavy and not so active what is the cause I know not.”<sup>69</sup> Mitchell clearly did not know why, but he was beginning to understand that trauma could alter the mind in profound ways. He was eager to know how many Civil War amputees were mentally altered by their traumatic experience.

Of the fourteen men questioned, eight of them confessed that their injury had altered their *disposition* as well. We often instantly connect this kind of altered disposition with Post-Traumatic Stress Disorder. While some of these men may have endured what we would call PTSD, we have no evidence to support that conclusion. The signal symptom of PTSD is the collapse of time, meaning the reliving of a traumatic moment over and over in nightmares, hallucinations, and flashbacks. The idea of a traumatic memory was in an early vestigial state in the 1890s, nowhere near the current idea of what a traumatic memory was, and what it could do to a person.<sup>70</sup> Yet these men were emotionally and psychologically altered to some extent. Mitchell knew this, and many of the men he interviewed seemed to know it too. Henry Kircher confessed he had developed a “quick temper” after his return to Illinois from the war. Lewis Atherton wrote that when he came home from the war he found that he was “more irritable” than he had been prior. Similarly, Frank Mark disclosed that he, too, was “more irritable” than he had been before his injury. Richard Dunphy revealed that he was more “cranky” when he returned home from the war. Daniel Fuller, who had lost both his arms at the cannon’s mouth during the

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<sup>69</sup> E.D. Watkins Questionnaire, Series 4, Silas Weir Mitchell Papers.

<sup>70</sup> Jean-Martin Charcot believed that intense fright could lead to traumatic syndrome, a self-induced hypnotic state. Sigmund Freud believed that a traumatic event, or an accumulation of lesser frights could lead to post-traumatic hysteria. See: Young, *The Harmony of Illusions*, 15-38.

Battle of Antietam, divulged the most serious changes in disposition. Fuller admitted that following his injury, he became “nervous” and “slightly irritable.”<sup>71</sup>

A few of Mitchell’s veterans responded that their sleep patterns had changed as well. Back in Belleville, Illinois, Henry Kircher had managed to scratch out a successful life for himself. He ran for city clerk and won easily. His campaign centered on a daguerreotype of Kircher awkwardly balancing in his uniform, his right sleeve and left trouser folded up. He was briefly mayor of Belleville, before he became a partner with his father in the hardware industry. But secretly, he suffered with “nervous twitching” as well as frequent bouts of “sleeplessness.”<sup>72</sup> Clearly, Kircher was deeply altered by his experience in profound ways. In a deposition, Frank Mullen, Sanford Pettibone’s personal attendant claimed that Sanford was growing more emotionally unstable and suffered with increasing sleep loss. He claimed that Sanford “grows more nervous all the time frequently loses whole nights of sleep.”<sup>73</sup>

What can psychiatry tell us about the changes in the dispositions of Mitchell’s men? Advances in modern science can allow us to suggest some contemporary causes for the mood changes in Mitchell’s amputees. Researchers have suggested that conditions of chronic pain can make patients more susceptible to anxiety disorders and even to PTSD.<sup>74</sup> Years of dealing with chronic pain—which Mitchell’s amputees certainly had—could have made them, over time, more vulnerable to anxiety disorders. David Schively, a veteran of the 114<sup>th</sup> Pennsylvania Infantry,

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<sup>71</sup> Henry Kircher Questionnaire, Series 4, Silas Weir Mitchell Papers; Lewis Atherton Questionnaire, Series 4, Silas Weir Mitchell Papers, Frank Mark Questionnaire, Series 4, Silas Weir Mitchell Papers; Richard Dunphy Questionnaire, Series 4, Silas Weir Mitchell Papers; Daniel Fuller Questionnaire, Series 4, Silas Weir Mitchell Papers.

<sup>72</sup> Henry Kircher Questionnaire, Series 4, Silas Weir Mitchell Papers.

<sup>73</sup> Ibid.

<sup>74</sup> John D. Otis, Terence M. Keane, Robert D. Kearns, “An Examination of the Relationship Between Chronic Pain and Post Traumatic Stress Disorder,” *Journal of Rehabilitation Research & Development* 40 (September/October 2003), 397-406 (<http://www.rehab.research.va.gov/jour/03/40/5/Otis.html>);

who had survived two grisly wounds received at the Battle of Gettysburg, came to Mitchell's old clinic in Philadelphia and received treatment from John K. Mitchell. Schively was in rough shape. "The patient has a frequent roaring in his head and black specks before the eyes," John Mitchell wrote in Shively's case report. "He has suffered much from an attack of nervous prostration, attributed to suffering from the wound."<sup>75</sup> John Mitchell elaborated on Shively's nervous prostration: "he was melancholic, had hallucinations, depressing forebodings, and horrible dreams."<sup>76</sup> Schively's nervous prostration appears undeniably similar to Post-Traumatic Stress Disorder, perhaps caused by living with pain for years after the war.

For their part, Silas and John Mitchell concluded that the Civil War veterans questioned were nerve damaged. Their continued phantom limb syndrome and pain were strong evidence in favor of that diagnosis. But what about the other symptoms, changes in intellect, disposition and sleep? Neither John nor Silas were quite sure of what to make of the answers, other than to chalk it up to nerve damage. However, the questions themselves were important. Weir and his son were beginning to reckon with new ideas, incorporating ideas from Europe and beginning to wrestle with the idea that trauma could cause psychological changes to an individual, affecting their mood and sleep patterns. These ideas would, much later, become the basis of modern ideas of Post-Traumatic Stress Disorder.

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<sup>75</sup> John K. Mitchell, *Remote Consequences of Injuries of Nerves and Their Treatment: An Examination of the Present Condition of Wounds Received 1863-1865, with Additional Illustrative Cases* (Philadelphia: Lea Brothers & Co., 1895), 81.

<sup>76</sup> *Ibid.*, 82.

## EPILOGUE

## “I Should Never Forget that Incident as Long as I Live”

The dawn of the twentieth century was the twilight of the Civil War generation. Once a year the old soldiers would dust off their old uniforms and be trotted out for a Decoration Day parade; otherwise they were mostly forgotten. The reunion of North and South was largely settled, despite the objections of many Union veterans, who were loath to see former Confederates forgiven and former slaves back under their tyrannical yolk. In an 1887 memoir, three members of the Fifty-Fifth Illinois Infantry gushed with anger at the politics of reunion that were uniting the North and the South:

“But what a change has been wrought! Our paroled prisoners have now equal voice with the patriotic victors in the control of the government against which they waged an unholy and bloody war, and for which their leaders have little love today. In the highest councils of the nation treason is lauded by the traitors who instigated the rebellion and who were governing spirits in the attack against the life of the grandest republic on the face of the earth. Patriotism blushes with shame at the humiliating spectacle.”<sup>1</sup>

Each year, more veterans failed to show up for annual G.A.R. encampments, and Confederate memorial celebrations. “I was beginning to think that everybody but myself was dead as the boys are dropping off so fast,” E.W. Muncher wrote his old friend Edward Schweitzer in 1916.<sup>2</sup> Both men had fought with the Thirtieth Ohio Infantry at Antietam, Vicksburg, and with Sherman during the March to the Sea. Now they were old men. The war

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<sup>1</sup> Lucien B. Crocker, Henry S. Nourse, and John G. Brown, *The Story of the Fifty-Fifth Regiment Illinois Volunteer Infantry in the Civil War, 1861-1865* (Clinton: W.J. Coulter, 1887), 432.

<sup>2</sup> E.W. Muncher to Edward E. Schweitzer, 22 December 1916, Papers of Edward E. Schweitzer, Huntington Library.



was just a memory now, but some memories lingered as fresh as morning dew on a blade of grass. “I can never think of you without recalling that night at Vicksburg just before the surrender when I was on picket duty at the heart of the trench,” Muncher wrote to Edward Schweitzer.<sup>3</sup> As the pickets were shifting that morning in 1863, E.W. Muncher watched helplessly as a Confederate soldier rose up out of the trench and leveled his rifle at Edward Schweitzer. “I expected to see you fall dead at my feet,” E.W. Muncher recalled.<sup>4</sup> Instead, the rifle misfired and before the Confederate could put another cap on the nipple, Schweitzer was able to find cover. “I should never forget that incident as long as I live,” he wrote. “It seems as if it was only yesterday.”<sup>5</sup>

By the turn of the century many Civil War veterans were beginning to suffer with dementia related to old age. Asylums across the United States—St. Elizabeth’s, Western State, Milledgeville and others—became in effect elderly care facilities. Many former Yankees and Confederates remained in asylum wards until death. William May had been a soldier in the 187<sup>th</sup> New York Infantry, which had joined Grant’s siege of Petersburg in 1864 and fought in the closing battles of the war. In 1876, William was admitted to St. Elizabeth’s Hospital suffering with chronic mania. Thirty years later, in 1906, he was still a patient in the hospital, “completely disoriented” and unable to name where he was, or what year it was. He was “suspicious” “indifferent” and suffered from “hallucinations”—but he was, for the most part “amiable.”<sup>6</sup> He was just an old man lost in his own mind, keeping pretty much to himself.

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<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

<sup>6</sup> William May Case Notes, 15 April 1906, Case 4046, William May, Record Group 418, Records of St. Elizabeth’s Hospital.

In 1917 William May's health began to decline. He suffered from seizures, and was frequently sick with a cold or a fever. The hospital superintendent, Dr. William A. White, wrote to May's last living relative, Sarah Soper, who was a widower living in Ohio, to tell her of William's condition and warn her that perhaps the end was near. "I haven't the means to bury my brother as I am a widow my husband is dead...I am in poor circumstances my self if I had the means I would like to go and see my brother. As I am the only one left his 3 sisters and father mother is dead. He is my only brother I had. I haven't seen him in forty-five yrs[sic.] or so."<sup>7</sup> In the second week of January 1918, William May expired. He was quietly buried in the Arlington National Cemetery; no one attended his funeral and no one made any note of it. He was part of a lost generation of Civil War veterans who secretly struggled with the memories of war, walled up in the asylum, and quietly passed on to oblivion.

#### *Towards PTSD*

By that time a new generation of veterans were becoming patients at St. Elizabeth's. The doughboys who marched off to war in Europe to make the world safe for democracy, returned with emotional and psychological problems. The spectacular numbers of men who stained the grass of Flanders Field and the waters of the Somme with their sweat and blood were like nothing the world had ever seen, or imagined. Because of the sheer number of combatants—millions of men shouldered a rifle—the numbers of emotional and psychiatric casualties would not be a trickle, it would be a global flood.

Charging directly into murderous machine gun fire, or cowering in a trench during a massive artillery bombardment produced feelings of fear and helplessness in many doughboys. It was not long before many soldiers began manifesting symptoms of psychiatric impairment

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<sup>7</sup> Sarah Soper to William A. White, 11 September 1917, Case 4046, William May Case Record.

during the war. Many men brought those symptoms home with them. By that time psychiatry had grown by leaps and bounds. Most mental health professionals had jettisoned moral therapy in favor of more modern ideas. Freudian theory was popular with many, but certainly Freud had not cornered the market. There were a variety of ideas floating in the psychiatric profession. Psychiatrists classified psychiatric trauma into four distinct categories: hysteria, neurasthenia, shell shock and disordered action of the heart. Shell shock was the most emblematic and enduring of the four. Artillery was the killing sword of WWI armies, leaving places like Verdun a veritable moonscape. The death and destruction artillery wrought was like nothing the world had seen, the landscape in Europe is still pockmarked in places, while Gettysburg softly undulates with little memory of the artillery bombardment during the battle. Shell shock, then, was a linguistic reflection of this new killing machine. Soldiers in the war were suffering from neurological and psychological ailments that left many “blind, deaf, or paralyzed” or seized by uncontrollable tremors, disproportionate reactions to stress, catatonia, and terrifying nightmares.<sup>8</sup>

Once home, many soldiers re-experienced terrifying memories through nightmares, such as British soldier Siegfried Sassoon, who wrote while convalescing in a hospital: “And when the lights are out...then the horrors come creeping across the floor: the floor is littered with parcels

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<sup>8</sup> John H. Morrow, Jr., *The Great War: An Imperial History* (New York: Routledge, 2004), 125; Eric J. Leed, *No Man's Land: Combat and Identity in World War I* (London: Cambridge University Press, 1979), 91-115; Richard A. Gabriel, ed., *Military Psychiatry: A Comparative Perspective* (New York: Greenwood Press, 1986), 25-48; Ted Bogacz, “War Neurosis and Cultural Change in England, 1914-22: The Work of the War Office Committee of Enquiry into 'Shell-Shock'” *Journal of Contemporary History* 2 (April 1989): 227-256; Simon Wessely, “Twentieth Century Theories on Combat Motivation and Breakdown,” *Journal of Contemporary History* 41 (April 2006): 269-286; Jessica Meyer, “Separating the Men from the Boys: Masculinity and Maturity in Understandings of Shell Shock in Britain,” *Twentieth Century British History* 20 (2009): 1-22.

of dead flesh and bones. Yet I found no bloodstains there this morning.”<sup>9</sup> Robert Graves, another British soldier, recalled when he returned home he “was still mentally and nervously organized for War. Shells used to come bursting on my bed at midnight, even though Nancy shared it with me; strangers in the daytime would assume the faces of friends who had been killed.”<sup>10</sup> Because diagnoses such as hysteria, and to a lesser extent neurasthenia and shell shock carried such gendered baggage for men, most veterans preferred not to reveal their emotional and mental distress. The most seriously impacted men were walled away from society in asylums, such as St. Elizabeth’s. Psychiatrists such as W.E.R. Rivers and, to a lesser extent Sigmund Freud, published and debated about what was happening to veterans of the war, but largely the public took little notice. “A flurry of publications on traumatic neuroses followed the armistice in 1918,” Allan Young wrote. “Over the next two decades, however, these disorders attracted little attention.”<sup>11</sup>

The American men who marched off to war in Europe and the Pacific in 1942 were not exempt from this trauma either. Instead of shell shock, psychiatric trauma during World War Two was frequently diagnosed as “combat exhaustion” or “combat fatigue.” G.I.’s on the front lines for too long appeared continually fatigued, and gradually it was believed that being exposed to combat for too long could wear men down. The policy of the American Army was to treat these cases close to the front line, where they were provided a chance to rest, a hot shower and shave, food and reassurance. After a few days the soldier would be sent back to his unit. More severe cases were evacuated to rear operating bases, where they would receive treatment such as

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<sup>9</sup> Rupert Hart-Davis, ed., *Siegfried Sassoon Diaries, 1915-1918* (London: Faber and Faber, 1983), 161.

<sup>10</sup> Robert Graves, *Goodbye to All That* (New York: Vintage Press, 1958), 288.

<sup>11</sup> Young, *The Harmony of Illusions*, 77.

abreactive therapy, group therapy, sleep therapy, electro-shock therapy and others.<sup>12</sup> E.B. Sledge remembered watching men who were evacuated with psychiatric trauma fighting the Japanese in the Pacific. Sledge found these cases “distressing” and noted that their reactions ranged from “dull detachment” and “quiet sobbing” to “wild screaming and shouting.”<sup>13</sup> 314,500 men were discharged due to psychiatric symptoms in World War Two, which constituted forty-three percent of all men discharged for medical reasons.<sup>14</sup>

The psychological effects of war on the “greatest generation” are shrouded in secrecy, because as writer Karl Shapiro wrote, it was also a “generation of silence.”<sup>15</sup> The World War Two generation went to war on the heels of the Great Depression, imbued with a social milieu that stressed stoic silence. People had little tolerance for those who complained, especially about emotional or mental problems. So the G.I.’s who came home from Germany or Japan stayed quiet about the effects of war on their minds. The emotional toll of the war remained shrouded in secrecy. “I believe, as I’ve never believed in anything else before,” wrote J.D. Salinger in one of his early stories, “that it’s the moral duty of all men who have fought and will fight in this war to keep our mouths shut, once it’s over, never again to mention it in any way.”<sup>16</sup>

Despite their inclination towards silence, the vast psychological toll was reflected in the postwar cultural landscape. William Wyler’s 1946 film “The Best Years of Our Lives” frankly

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<sup>12</sup> Ibid., 92.

<sup>13</sup> E.B. Sledge, *With the Old Breed: At Peleliu and Okinawa* (New York: Oxford University Press, 1990), 264.

<sup>14</sup> William C. Menninger, “Psychiatry and the War,” *Atlantic Monthly* 176 (November 1945): 110-114; Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (New York: John Wiley & Sons, 1997), 154-181; Kenneth D. Rose, *Myth and the Greatest Generation: A Social History of Americans in World War II* (New York: Routledge, 2008), 30-34.

<sup>15</sup> Paul Fussell, *Wartime: Understanding and Behavior in the Second World War* (New York: Oxford University Press, 1989), 134

<sup>16</sup> Kenneth Slawenski, *J.D. Salinger: A Life* (New York: Random House, 2012), 185.

portrayed returning veterans who were struggling with reintegration. Al Stephenson (played by Frederic March) struggles with alcohol addiction, while Fred Derry (played by Dana Andrews) has frightening dreams of combat and marital problems. Postwar literature such as *The Thin Red Line* and *Flags of Our Fathers* gave voice to the trauma of war and its emotional impact on fighting men. Kurt Vonnegut's *Slaughterhouse Five* is the consummate PTSD novel. The protagonist, Billy Pilgrim becomes literally unstuck in time, transporting from his near death experience at the bombing of Dresden, to his life back in the states with no rhyme or reason.

Research, moreover, has demonstrated that the war did, predictably, take a terrible toll on many men. An early study in 1955 found that out of two hundred examined World War Two veterans, ten percent still suffered with what was then called "combat neurosis." Later studies indicated even higher rates. One study, for instance, found that by the 1980s, nearly forty years after the war ended, American POWs from the Pacific theater suffered PTSD in rates approaching eighty-five percent. Another study found nearly one in four had diagnosable PTSD, and nearly one in five was clinically depressed.<sup>17</sup>

It was not until Vietnam, however, that medical and psychiatric professionals truly began to realize the extent to which warfare could damage the human psyche. American soldiers stalking the Viet Cong along the Ho Chi Minh Trail or fighting at Khe Sanh, came home with what psychiatrists began calling "delayed psychiatric trauma." Psychiatrists modified the condition into what was initially called "post-Vietnam syndrome" or simply "Vietnam syndrome."<sup>18</sup> Symptoms often seemed to emerge months or even years after a soldier was on tour, and included nervousness, anger, excessive emotional reactions, sleeplessness, feelings of

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<sup>17</sup> Quoted from David J. Morris, *The Evil Hours: A Biography of Post-Traumatic Stress Disorder* (New York: Houghton Mifflin, 2015), 136.

<sup>18</sup> *The New York Times* (New York City), 3 May 1972; *The New York Times* (New York City), 7 June 1971.

intense guilt and shame, and intrusive flashbacks and nightmares.<sup>19</sup> The American media reported frequently on the strange and bizarre behavior of many Vietnam veterans, and the crazy Vietnam vet became a cultural touchstone in the 1970s.

A small contingent of people—veterans, writers, and family sympathetic to the plight of psychologically damaged Vietnam veterans—attempted to garner public support for their mentally wounded warriors. In 1974, the Council on Research and Development of the American Psychiatric Association began the early work on a new edition of the *Diagnostic and Statistical Manual of Mental Disorders*.<sup>20</sup> The DSM is the bible for psychiatrists, an inventory of two hundred named mental disorders categorized based on shared features. A group sympathetic to veterans lobbied the APA to include a task force on “Vietnam Syndrome.” After initially declining, the APA agreed.<sup>21</sup> In 1979, it approved the final draft of what became the DSM-III. Included in the new edition, was Post-Traumatic Stress Disorder. The DSM-III classified PTSD as an anxiety disorder. Recently the DSM-5 (they have dropped the roman numeral) has reclassified PTSD as a traumatic disorder, giving trauma its own category.<sup>22</sup>

It is important to note that not everyone accepts the premise of PTSD. Allan Young and Edward Shorter are two of the best known members of a group of writers, historians and psychiatrists who are dubious of the science behind PTSD.<sup>23</sup> Yet, while PTSD is a modern diagnosis, I hope I have shown definitively that elements of PTSD are older than the Vietnam War. PTSD was probably not as widespread among Civil War veterans as many historians would like to believe; and it cannot and should not be used as a blanket diagnosis. Still it seems

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<sup>19</sup> *The New York Times* (New York City), 2 June 1974.

<sup>20</sup> Young, *Harmony of Illusions*, 92-112.

<sup>21</sup> *Ibid.*

<sup>22</sup> *Ibid.*

<sup>23</sup> Morris, *The Evil Hours*, 2.

undeniable that veterans plagued by invasive nightmares, flashbacks or hallucinations related to the war were, probably, afflicted with elements of what we now call PTSD.

Modern psychiatry still cannot entirely explain why trauma affects people so differently. Why is it that two soldiers fighting side by side in the same war might have completely divergent psychological outcomes, with one soldier developing PTSD and the other soldier able to absorb and process his experience in a healthy way? “Part of trauma's power lies in its mystery,” writes David J. Morris, “in the fact that it remains outside the range of normal human perception, like a distant galaxy beyond the reach of even the most powerful telescope.”<sup>24</sup> While mysteries remain, however, mental health professionals have been able to parse out the common themes of trauma that might psychologically damage the survivor. Experiences which evoke intense fear, helplessness, loss of control and threat of annihilation all have a good chance of severely damaging a survivor.<sup>25</sup> Moreover, the greater the trauma and the longer the exposure to it, the greater the chance the survivor will develop symptoms of PTSD. Researchers measure this in what is known as a dose-response curve: If patient A, for instance, is trapped in a collapsed building for two hours after an earthquake, while patient B is trapped in a collapsed building for twenty four hours next to the dead body of his wife, the dose-response curve holds that patient B has a much greater chance of developing PTSD because the trauma was greater and the exposure was longer.<sup>26</sup>

War certainly qualifies as an experience that evokes fear, helplessness, loss of control, and a threat of annihilation. Currently, most researchers agree that ten to twelve percent of returning soldiers will be diagnosed with PTSD, however some researchers put the number

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<sup>24</sup> Morris, *The Evil Hours*, 44.

<sup>25</sup> Ibid.

<sup>26</sup> Judith Herman, M.D., *Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror* (New York: Basic Books, 1992), 57.



upwards of forty percent. Rape victims have astonishingly higher rates of PTSD than soldiers. Eighteen percent of the population will be the victim of a sexual assault in their lifetime, and of that number, an estimated fifty-five percent will suffer with symptoms of PTSD.<sup>27</sup>

This work has exposed the hidden history of war and mental illness during the Civil War Era, an era before the rise of modern psychiatry and a contemporary understanding of brain science. Soldiers, doctors, and civilians all grappled with war trauma—the long collateral damage of war—in ways previously unknown to historians. Soldiers sought new language to describe insanity, nosology that was different from physicians. Soldiers also made use of coping mechanisms to deal with the aftermath of battle that reverberated in their minds. Some physicians made subtle shifts after the war, believing a handful of veterans became insane because of the war or army life. The families of men made more explicit shifts, often connecting the war directly to the insanity suffered by their husbands, fathers, brothers and sons. And it was ultimately Civil War soldiers who informed early research in the 1890s that began to hint at deeper trauma.

### *The Fate of Asylums*

When Dr. William W. Godding, the second superintendent of St. Elizabeth's, died in 1899, President William McKinley appointed Dr. Alonzo B. Richardson in his stead. Normally, the position was subject to civil service hiring rules, as most government positions were following the assassination of James Garfield. McKinley, however, suspended the normal rules so he could appoint Dr. Richardson, a fellow Ohio native. Dr. Richardson immediately went to work and secured a higher appropriation from Congress and began construction on an additional 1,000 beds for patients. This was much needed, as the hospital was almost continuously

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<sup>27</sup> Morris, *The Evil Hours*; for a powerful and instructive memoir of sexual trauma see Alice Sebold, *Lucky* (New York: Scribner, 1999).

overcrowded and unable to keep up with demand. Unfortunately, Dr. Richardson suffered an untimely death less than four years later in 1903. To replace him the hospital went back to civil service rules and hired Dr. William Alonson White. Dr. White was a young, thirty-three-year-old bachelor from Brooklyn who was educated in New York. It was a controversial hire, and Dr. White was not popular with the staff. Shortly after he was hired, half the staff complained to the board of visitors in a public grievance about many of Dr. White's changes to the hospital.<sup>28</sup>

Dr. White ushered in modern Freudian psychiatric theories to the hospital, closing the books on moral therapy, no doubt a controversial decision among the staff. Moral therapy had been in its twilight years, its popularity waning. Freud's theories gained acclaim and popularity in certain medical circles in the United States, among practitioners and layman alike, and became the new psychiatric model. Dr. White also encouraged his staff to research and publish in the field. A physician training school for the study of mental and nervous diseases was opened at St. Elizabeth's in 1922. In 1924, the Blackburn Laboratory was opened, which brought St. Elizabeth's into the forefront of anatomical and laboratory research. Moreover, Dr. White continued the construction started by Dr. Richardson, adding administrative buildings, nursing and staff quarters, new patient wards, cottages for tuberculosis patients, as well as a 1,200 seat amphitheater during his tenure at St. Elizabeth's. Luckily for historians, Dr. White instituting a more modern filing system for patients, most of which forms the basis that historians can access today. Finally, in 1916, as a result of Dr. White's insistence, St. Elizabeth's became the official name of the hospital, and the former title of Government Hospital for the Insane was dropped.

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<sup>28</sup> Thomas Otto, *St. Elizabeths Hospital: A History* (Washington, D.C.: United States General Services Administration, 2013), 164-200; Frances M. McMillen and James S. Kane, "Institutional Memory: The Records of St. Elizabeths Hospital at the National Archives," *Prologue Magazine* Vol. 42 No. 2 (Summer 2010). Accessed June 27, 2015 (<http://www.archives.gov/publications/prologue/2010/summer/institutional.html>)

Since the Civil War, the hospital was known colloquially as St. Elizabeth's, named for the tract of land that the hospital grounds stood on. Now it was official.<sup>29</sup>

St. Elizabeth's continued to be plagued by explosive scandals throughout the tenures of Dr. Richardson and Dr. White. Most of the scandals involved the abuse and neglect of patients. In several public investigations, attendants were charged with beating patients, choking them, and locking them in rooms for hours. The most notorious was in 1917, when two attendants were charged with killing an African American patient named John Overton. Overton had allegedly refused to get dressed one morning, so while the ward physician was on rounds two attendants took him outside and beat him to death with a baseball bat and returned his battered corpse to his room. They were subsequently arrested and charged with murder.<sup>30</sup>

During White's tenure, the patient population rapidly expanded. In 1903, when Dr. White took over as superintendent, the hospital had 2,369 patients. In 1937, the year of his death, the hospital had 5,667 patients.<sup>31</sup> Not unlike the experience of prior superintendents, White was frustrated at Congress' inability or unwillingness to fund the hospital in order to keep up with the patient population. The result was that St. Elizabeth's was continually underfunded and overcrowded in the twentieth century. In the 1920s, philanthropy from the Red Cross and the Knights of Columbus supplemented hospital services, but most philanthropy was explicitly directed towards veterans of World War One, and specifically shell-shocked veterans. The exponential growth of the patient population also created tension in the suburban neighborhood of Congress Heights, which had popped up around St. Elizabeth's. Congress Heights was rural farming land when St. Elizabeth's was built, but by the 1920s, it was a thriving suburb. The

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<sup>29</sup> Otto, *St. Elizabeths Hospital*, 201-211.

<sup>30</sup> *Ibid.*, 212-222.

<sup>31</sup> *Ibid.*, 232.

hospital farm and the occasionally violent outburst of a patient with city privileges riled the neighborhood, which rallied in opposition to the hospital.<sup>32</sup>

In 1937, Dr. White passed away and Dr. Winfred Overholser succeeded him as superintendent. Overholser was a Massachusetts native, graduate of Harvard and Boston University, and a veteran of World War One. Overholser oversaw drastic changes for St. Elizabeth's. He presided over the reform of District commitment procedures. Previously, commitment proceedings went through the criminal court system. Urged by Overholser, the District overhauled the existing system, creating a lunacy commission to run commitment proceedings and patients found insane were first sent to Gallinger Hospital for assessment and then on to St. Elizabeth's. A second major change for St. Elizabeth's came in 1946, when all military patients were transferred to Veterans Administration hospitals. Created in 1930, VA hospitals slowly began taking on mentally ill veterans throughout the decade. Following a short delay after the 1946 order, all military patients at St. Elizabeth's were transferred to VA hospitals. Eighty years had passed since the 1866 Congressional legislation that made St. Elizabeth's the de facto treatment center for mentally ill Union Civil War veterans. St. Elizabeth's was not the only asylum that treated veterans. In addition to state asylums, those patients who could afford it often were committed to private asylums. But St. Elizabeths had been the first and main asylum for veterans who were D.C. residents or indigent patients. Now that experiment was over.<sup>33</sup>

St. Elizabeth's fell into a swift and steady decline in the mid-twentieth century. After the transfer of military patients, who were mostly young men, the hospital was left with mostly elderly chronic patients. Because of the military population, public support for St. Elizabeth's

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<sup>32</sup> Otto, *St. Elizabeths Hospital*, 236.

<sup>33</sup> *Ibid.*, 268-270.

had been a patriotic duty for many. Following 1946 that public support dried up. Declining public support for St. Elizabeth's was part of a national trend; support for asylums generally were plummeting. Why? Many previously untreatable conditions were now treatable. The syphilis spirochete had been discovered, and penicillin could effectively treat what was once a chronic condition. In 1946 there were over 600 patients with syphilis; by 1949 there were just over thirty. Moreover, the introduction of tranquilizing drugs made many patients who were once chronic and incurable, no longer in need of inpatient services.<sup>34</sup>

Deinstitutionalization and the community health movement were the coup de grace for asylums. Faced with sinking state and public support, most asylums eventually closed down. South Carolina State Hospital shut down, transferring patients to local community clinics. Western State Asylum closed down as well, its patients transferred to clinics partnered with the University of Virginia. Milledgeville Insane Asylum, now known as Central State Hospital, stopped accepting patients in 2010, and the remaining patients are set to be phased into community clinics. Around the same time, St. Elizabeth's transferred its remaining patients to its newest building. The vast majority of the hospital grounds remain empty, and falling apart. It's unclear what will happen with the asylum structures. There are plans to repurpose the buildings for administration or apartments, or to bulldoze them altogether and build strip malls or luxury condos.<sup>35</sup>

History has proven that community health has been a failure as well, mostly due to a similar problem asylums had, namely that states and communities never provided nearly enough

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<sup>34</sup> Otto, *St. Elizabeths Hospital*, 275-76.

<sup>35</sup> *Herald-Journal* (Spartanburg, SC), 30 January 1996; *The Free Lance-Star* (Fredericksburg, VA), 26 November 1990; Doug Monroe, "Asylum: Inside Central State Hospital, once the world's largest mental institution," *Atlanta Magazine* (February 2015); Otto, *St. Elizabeths Hospital*, 309.

funding for community clinics to work. The result is that the mentally ill have few treatment options and many become homeless. Today, mental illness rates among the nation's homeless are far higher than the normal population. Moreover, veterans are overrepresented in the homeless population, constituting 8.6 percent of the homeless. In 2015, an estimated 50,000 veterans were homeless. Most were in large cities, such as Los Angeles, which has an estimated 3,000 homeless veterans. The federal government has spent 1.3 billion dollars attempting to end veteran homelessness.<sup>36</sup> Veterans also face higher rates of substance abuse, alcoholism and suicide than the average population. Recently, more veterans have died by suicide than soldiers have died on the battlefields of the Middle East.<sup>37</sup>

Asylums and community health have both been failures, and it is unclear what the future holds. The American public seems to have little appetite for increased taxes to fund mental health care, in any form. Looking forward it also seems clear that American troops will continue to be engaged in foreign conflicts. Understanding the nature of war and the toll it can take on the human psyche is important moving forward. We should look at war with clear eyes, understanding completely what war makes before we make it.

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<sup>36</sup> Fact Sheet: Veteran Homelessness, 22 April 2015, *National Alliance to End Homelessness*, <http://www.endhomelessness.org/library/entry/fact-sheet-veteran-homelessness>; "The U.S. Declared War on Veteran Homelessness—and it Actually Could Win," narrated by Quil Lawrence, *Morning Edition, NPR*, 4 August 2015, <http://www.npr.org/2015/08/04/427419718/the-u-s-declared-war-on-veteran-homelessness-and-it-actually-could-win>.

<sup>37</sup> *The Guardian* (London, UK), 1 February 2013.

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