

Quantity Over Quality: The Mental Health Services for Civil War Veterans

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## ABSTRACT OF THE THESIS

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The mental health care crisis among military veterans in the United States has become a national concern in recent years, sparking questions regarding the quality of psychological care provided by veteran's welfare programs. However, this is not a contemporary issue as the field of veteran's psychological support has experienced a tumultuous evolution since the formation of the country. One of the most influential events that sparked this evolution was The Civil War. The mental health services provided to Civil War veterans immediately following the war was limited to severe cases of mental illness. Veterans who experienced mild to moderate symptoms relied on a range of sources for support, from family and community care to governmental assistance programs, which included soldier homes and the pension system. While these services didn't directly address issues of mental health, they were often repurposed to assist psychologically disabled veterans. This patchwork system of aid provided veterans with medical care, shelter, and financial compensation. However,

the pension system and soldier homes enforced eligibility requirements for services significantly limiting the accessibility of such aid. As the requirements for eligibility eased, more psychologically disabled veterans qualified for governmental aid. The remainder of veterans who continued to be unqualified for professional assistance turned to the only source of support left: their families and communities. Alone these sources were inadequate in providing the necessary support for many psychologically disabled veterans. Together, they created a patchwork system of support that provided Civil War veterans with a variety of care options with a range of basic treatments, which often proved to be ineffective by 19<sup>th</sup> century standards. This quantity over quality approach to treating psychological disorders expanded the coverage of care for veterans but it failed to improve its services leaving countless veterans without proper support.

As contemporary veteran's welfare programs continue to approach the mental health crisis with a similar philosophy emphasizing extensive yet ineffective treatments, it's critical to understand how this system of care benefited and ultimately hindered psychologically disabled veterans.

## Preface

For months after returning from military service in Iraq, Richard Miles suffered from isolation, insomnia, disturbing dreams, depression, and suicidal tendencies. In March 2015, Miles died of exposure after taking a toxic amount of sleeping pills and passing out in a wooded area near his home in Des Moines, Iowa. In late February, Miles sought psychiatric treatment at the local Veterans Administration (VA) hospital where he expected to receive long-term psychiatric observation. However, Miles was released from the VA ER after only four hours leaving with a prescription for medication treating his posttraumatic stress disorder and a promise that his psychiatrist would call later that week to set up further appointments. Days later Miles was dead.<sup>1</sup> His death sparked concerns over the VA's protocol for treating veterans with psychiatric illnesses.

Unfortunately, Miles' case is not an isolated incident. Since 2014, the VA has been embedded in controversy after it had surfaced that veterans were dying while waiting to receive treatment including patients who committed suicide while anticipating psychiatric care. This scandal shocked the public who were under the impression that veterans were provided with more than adequate healthcare services. Closer investigation revealed staggering evidence of mismanagement, neglect and misappropriation of funds that resulted in thousands of veterans not receiving proper care effectively jeopardizing their physical and psychological wellbeing. These scandals exposed the vulnerability of the veteran population as well as the flawed nature of the

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<sup>1</sup> Tapper, J. Berryman, K. Dacy, G. "Troubled Iowa Veteran Sought Help from VA Hospital before Freezing to Death." *CNN*, March 18, 2015. Accessed August 10, 2015. <http://www.cnn.com/2015/03/19/us/iowa-veteran-froze-to-death-ptsd-va/>.

VA system with its inconsistent and often inadequate services.<sup>2</sup>

However, the inconsistent nature of veteran's mental healthcare is not a recent phenomenon. Rather, it has become a discernible characteristic of the field since prior to the establishment of the Veteran's Administration in 1921. At no point is the unpredictable landscape of mental health care more evident than in the treatment of psychologically disabled soldiers and veterans during and after the Civil War. This war played a vital role in both the developments and impediments of the 19th century mental health care system as it exposed thousands of soldiers, officers, medical personnel, and civilians to varying degrees of wounds, including psychological injuries that encouraged military leaders, healthcare professionals, and politicians to take notice of the health care system. Most importantly the ad hoc response to mental illness by military and medical personnel during the war set a precedence by which psychologically wounded veterans received formal care in that certain levels of severity or certain qualifications had to be met in order to receive treatment from professional sources of mental health care.

These veterans were subjected to the unpredictability of the 19th century mental health care leaving numerous veterans without proper treatment often forcing them to revert back to a system of care that utilize nonprofessional sources. The system of informal care was predominantly made up of family members and community allies who took on the role of caregivers one veterans then you became disenfranchise from the professional services. As they had no formal training or education, the method of

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<sup>2</sup> It would be inappropriate as well as inaccurate to focus the blame for the insufficient psychological care of veterans solely on the Veteran's Administration or its predecessors. This is a multifaceted issue influenced by various factors. However, the government remains at the center of the controversy as they have a direct role in the care provided for veterans. Also, they called these men and women to service and put them in these situations that have resulted in their development of these psychological illnesses.

care had a unique approach to treating mental onus that often contrasted with the treatments employed by professional sources of care providing veterans with the unique mental health care experience.

Although there was a significant emphasis on informal care for many veterans, the period following the Civil War was subjected to some of the most significant changes in veteran's assistance in American history gradually providing more opportunities of support and treatment for psychologically wounded veterans. The years that followed the end of the war in 1865 saw a series of modifications to the system of governmental veterans assistance programs developed prior to the war as well as various new developments benefited the current needs of the Civil War veterans. What emerged was an amalgamation of old and new techniques and systems developed to adequately address the massive influx of new veterans. This ad hoc conglomerate of veterans assistance programs would eventually become the predecessor of the modern Veteran's Administration.

This work will examine the psychological care provided for soldiers and veterans during and after the Civil War, examining various methods of treatment available including institutional health care, governmental assistance programs, and home care. Each method will be analyzed in order to understand how each impacted the veterans and how they were or were not beneficial. The goal will be to examine the various features of support provided to understand how psychologically wounded veterans were cared for and to observe the evolution of mental health care, both formal and informal, during the 19th century.

This examination of the mental health care of Civil War veterans will take part in a previous body of work that is quite extensive. Numerous historians have contributed a wealth of knowledge to this discourse of mental health in the Civil War including Eric Deans Jr. 1997 book *Shook Over Hell: Post-Traumatic Stress Vietnam and the Civil War*.<sup>3</sup> In this work, Dean methodically examined the negative psychological experiences and ramifications of soldiers who had participated in Civil War combat. One of the greatest strengths of this research included his case study of Indiana veterans committed to insane asylums during and after the Civil War, which he broke down to examine various details including the demographic, biographical and military service information. Dean's work provided a path for other historians to branch out and examine more closely the psychological ramifications of the Civil War. Since its debut in 1997, numerous works have surfaced investigating the psychological health of Civil War soldiers and veterans through a varied of lens including social and institutional frames.

Many historians have focused more specifically on the physical healthcare of soldiers and veterans and the influential nature of the Civil War examining its impact on the 19<sup>th</sup> century medical field. One of the best accounts is Margaret Humphrey's 2010 work *Marrow of Tragedy: The Health Crisis of the American Civil War*.<sup>4</sup> This work examined the health care provided to soldiers during the Civil War by the army medical teams and field hospitals showing in detail that the medical response during the Civil War was more complex and comprehensive then previously acknowledged.

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<sup>3</sup> Dean Jr, Eric. *Shook Over Hell: Post-traumatic Stress, Vietnam and the Civil War*. Cambridge: Harvard University Press, 1997.

<sup>4</sup> Humphreys, Margaret. *Marrow of Tragedy: The Health Crisis of the American Civil War*. Baltimore: Johns Hopkins Press, 2013.



Another field of history that is less often linked to the study of veteran's healthcare but is still important to the overall subject is the development of the numerous veterans' associations that vied for government funding. In his 1997 work *Glorious Contentment: The Grand Army of the Republic, 1865 – 1900*, Stuart McConnell examines the evolution, influence and impact of the veteran's organization the Grand Army of the Republic throughout the second half of the 19<sup>th</sup> century.<sup>5</sup> Through his work, McConnell was able to depict the institutional and governmental responses to veteran's crisis after the Civil War.

These works draw on unique aspects of the Civil War and how each impacted the lives of the veterans. More often these works seem to be categorized as cohabiting the same field of study rather interacting with one another. I argue that these subjects, veteran's assistance, healthcare, and war related mental illness, are fundamentally linked. The evolving veteran's assistance programs fought for by the large-scale veteran's groups mildly and often unintentionally assisted with the Civil War's mental health crisis. The mental health of Civil War veterans was part of a larger problem that the government, the medical field, and citizens alike attempted to address in various ways through the late 19th and early 20th centuries. This paper will explore these attempts to address the veteran's crisis and how veteran's mental health care fit into these efforts. The goal will be to understand the various features of support provided by these varying sources of care in order to comprehend how psychologically wounded veterans were cared for and to observe the evolution of these support systems. The problems of the past can offer reasonable solutions for modern problems and as today's

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<sup>5</sup> McConnell, Stuart. *Glorious Contentment: The Grand Army of the Republic, 1865 – 1900*. Chapel Hill: University of North Carolina, 1992.

veterans are still experiencing significant difficulties with mental health care, there is much to be learned from this story.

## Acknowledgement and or Dedication

For the past, present, & future soldiers who have & will endure psychological scars.

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## **Chapter 1: Mental Illness in the Context of the Civil War**

During the 19<sup>th</sup> century, American psychiatrics experienced a historical transition that significantly altered the fundamental nature of the field. This period was marked by several key improvements that included the introduction of institutionalized care, an emphasis on tranquil environments and the incorporation of humane therapeutic procedures. These alterations diverted the field from the primitive methods of homecare utilized prior to the 19<sup>th</sup> century, consequently providing more opportunities for the mentally ill to seek treatment, thereby planting a new seed of hope that they may too be cured. However, this evolution was also marred with several substantial flaws that included the increased populace of the chronically ill, the archaic nature of the field, and the inefficiency of most asylums. These complications greatly compromised the quality of the psychiatric care, causing the new institutional regime to falter.

In the midst of this inevitably flawed transition, the nation experienced an even greater dilemma in the form of the Civil War. The war magnified the fundamental problems within the psychiatric field by exposing thousands of soldiers to psychological traumas resulting in a range of psychiatric symptoms yet failing to provide them with adequate services to prevent or treat their disorders. This threat to the health of the men didn't go completely unnoticed as numerous military commanders and medical staff addressed the issues of mental health in varying ways. Although some officers and medical personnel took a proactive approach to the mental health crisis, many others held negative perceptions of combat related mental disorders, impacting the type and quality of treatment many soldiers received. This chapter will explore the role of 19<sup>th</sup> century psychiatric practices, knowledge, and lexicon within the context of the Civil

War in order to understand how military and medical officials perceived the threat of psychological wounds and how they addressed such issues. In many cases, the type of treatment soldiers received from military personnel became the foundation of the care veterans would receive after the war.

### *Early American Psychological Care*

Prior to the transitional period of the early 19<sup>th</sup> century, American psychiatrics largely consisted of family care and community welfare practices. This style differed from most of their European counterparts as the American colonies, especially New England communities, typically provided assistance for “distracted” individuals.<sup>6</sup> As family members were the primary source of care for mentally ill individuals, there was an added amount of responsibility on the families in order to compensate for the loss of work and additional care the ill needed. However, when the family couldn’t, or struggled to provide care, the community provided aid and sometimes stepped in to assist with the management of the ill. In 1641, the Massachusetts Bay Colony established laws that provided assistance to those members of the community who could not care for themselves stating,

“Children, Idiots, Distracted persons, and all that are strangers, or new commers to our plantation, shall have such allowances and dispensations of any cause weather criminall or other as religious and reason require.”<sup>7</sup>

While rural communities in the colonies utilized methods of home care, major cities relied on more extensive civil efforts in order to accommodate larger populations. Major cities like Boston, Philadelphia, and New York relied on almshouses, community homes for the poor or homeless, to isolate and confine the mentally ill. This method

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<sup>6</sup> Grob, Gerald. *The Mad Among Us: A History of the Care of America's Mentally Ill*. New York: The Free Press, 1994 6-7.

<sup>7</sup> Ibid., 7.

remained prevalent until the institutional influence of the 19<sup>th</sup> century yet the roots of the movement were established in the 18<sup>th</sup> century. The Pennsylvania Hospital, built in 1752 in Philadelphia, established a separate ward dedicated to the care and study of the insane. In 1773, the Eastern State Hospital of Williamsburg, Virginia became the first hospital in the colonies dedicated to the care of the mentally ill.<sup>8</sup> Although there were efforts made to develop urban centers for the treatment of the mentally ill, the vast majority of the population lived in rural or small town communities prior to the revolution, which promoted the use of communal and home treatment options making it the predominant source of care in colonial America.

After the colonies gained independence, the growing populations in the outlying rural areas made it difficult to implement community care, influencing the shift toward institutional management. Perhaps the most significant factor in this transition, however, was the European Enlightenment philosophies that greatly emphasized knowledge, rationalism and individual liberty. During the 18<sup>th</sup> century, European philosophers like Philippe Pinnel and William Tuke argued that mental illness was due to a loss of reason within the individual, resulting in irrational behavior.<sup>9</sup> The enlightened solution to mental illness generally consisted of benevolent yet structured therapies that involved a tranquil environment conducive to self-reflection in order to recover one's reason. This enlightenment-influenced method of care was referred to as the moral treatment.<sup>10</sup>

By the 1820s, most major cities in the United States had built hospital like

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8 Shorter, Edward. *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*. New York: John Wiley & Sons, 1997. 7.

9 Ibid., 10-11 & 20-21.

10 Ibid., 18-21.



facilities known as insane asylums that implemented the therapeutic methods of the moral treatment. The goal of these facilities was to provide the environment and tools necessary for healing in order to cure the patients of all mental neuroses. To the enlightened philosopher, insanity was most often a temporary symptom that would be assuaged once reason was reestablished.<sup>11</sup> By enlightenment standards, the prognosis for most cases of mental illness was positive which created a sense of confidence in the therapy as well as the overall field. This optimistically influenced therapy eventually became the standard approach of care in most areas of the United States during the Antebellum Era.<sup>12</sup>

The positive feelings about the moral treatment were short lived as the fundamental and external flaws of the system eroded away its validity. As the population grew so did the number of the mentally ill in society. The growing number of patients often led to overcrowding in the asylums effectively eliminating one of the major elements of the moral treatment - the tranquil environments. In his address to the state senate and assembly in 1845, New York Governor Silas Wright acknowledged the problem with overcrowding in the Utica State Insane Asylum, stating that the current inmates “filled the Asylum and indeed crowded it.”<sup>13</sup> As the asylums became overwhelmed, the care provided by the staff and physicians often significantly declined. Violent outburst often pushed employees to use forceful tactics with the patients in order to maintain peace in the asylums. Physicians provided medications with painful side effects such as laxatives, which were commonly prescribed to most patients with

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11 Grob, *The Mad Among Us*, 27-29.

12 Ibid., 45.

13 “Governor’s Message to the Senate and Assembly.” *New York Daily Tribune*, January 8, 1845. Accessed April 17, 2015. <http://chroniclingamerica.loc.gov/lccn/sn83030213/1845-01-08/ed-1/seq-3/>.

the hope of purging their systems. These medications and practices soon lost favor with the public as they failed to see the result of such therapies, which often left patients worse off especially during times of epidemics that typically wreaked havoc in asylum environments. Asylum physicians and medical professionals soon lost creditability with the public, yet asylums and the moral treatment remained a key factor in mental health care prior to the war.<sup>14</sup>

One element of American psychiatrics that was least affected by the institutionalized transition was the medical and informal lexicon used for mental illness. The most common terms used when referring to individuals with mental illnesses were colloquial terms like “insane,” “distracted”, or “lunatic.”<sup>15</sup> These vernacular phrases often appeared in professional text and medical records, as they were commonplace in both formal and informal settings. Even with the lack of general formality, there were several widely accepted disorders used by medical professionals during this period. These disorders often had vague and broadly defined descriptions. Some of the more prominent disorders included mania, derangement, hypochondria, manalgia, hysteria, and melancholy.<sup>16</sup> The disorders typically associated with the Civil War included nostalgia, hysteria, melancholy, and general insanity as they appeared the most often within military medical records. Although typically generalized together, these disorders had unique places in the context of the Civil War and were often addressed and treated in varying manners. To understand the scope, attitude and management of mental illness during the war, each disorder will be individually analyzed and examined

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<sup>14</sup> Rosenberg, Charles. *The Cholera Years: the United States in 1832, 1849 and 1866*. Chicago: University of Chicago Press, 1962. 65 – 67.

<sup>15</sup> Grob, *Mad Among Us*, 6-7.

<sup>16</sup> Rush, Benjamin. *Medical Inquiries and Observations, Upon the Diseases of the Mind*. Philadelphia: Grigg and Elliot, 1835. iii-iv.

in order to best understand the importance of the overall topic.

### *Nostalgia*

The disorder most commonly associated with military activity during the 19<sup>th</sup> century was called nostalgia. Developed by Swiss physician Johanness Hofer in the 17<sup>th</sup> century, nostalgia was a medical disorder believed to cause erratic behavior as a result of severe homesickness.<sup>17</sup> Some physicians believed nostalgia was a disorder that existed for centuries dating back as early as Biblical times or Classical Antiquity. As soldiers were typically stationed away from their homes and families for longer periods of time, nostalgia was a reasonable diagnosis during military campaigns. Some of the symptoms observed by Swiss doctors included irregular heartbeats, anorexia, and bouts of weeping.<sup>18</sup>

Civil War medical officials defined nostalgia as a “temporary feeling of depression” brought on by “the discomfort, hardships, and exposure” one exclusively experienced during military service.<sup>19</sup> During the 19<sup>th</sup> century, it was believed that the men who developed nostalgia fit one of two profiles. The first, were younger men, usually teenagers, who were feeble and often overpowered by their sexual desires and inquisitiveness. Thousands of teenaged soldiers served in both the Union and Confederate armies. By 19<sup>th</sup> century standards these soldiers were at particular risk and many ended up developing symptoms of the disorder including nineteen-year-old Theodore Somer of the 55<sup>th</sup> Massachusetts. Sommer became despondent after

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17 Sedikides, C. Wildschut, T. Arndt, J. Routledge, C. “Nostalgia: Past. Present and Future.” *Current Direction in Psychological Science* 17 (2005): 304-307. 304.

18 Ibid., 305.

19 Barnes et al. *The Medical and Surgical History of the War of the Rebellion*, part III, vol. 3. Washington D.C: U.S. Army Surgeon Medical Office, 1883. 885.

experiencing pulmonary issues and “excessive nostalgia.” The 19 year olds condition worsened as he became more anxious; he refused food or medicine all while making it known he had a desire to die. On February 7, 1865 Somer succumbed to his injuries.<sup>20</sup>

The second profile consisted of married men of any age who left their families for the first time.<sup>21</sup> An example of this profile was Private Ezra Bingham of the 161<sup>st</sup> Ohio. Bingham was admitted to the hospital on May 18, 1864 after an episode of convulsions. While in the hospital, Bingham became “depressed in spirit and exceedingly homesick.” Bingham’s condition continued to deteriorate and on July 21<sup>st</sup> he died at the age of 30.<sup>22</sup> Unfortunately, these profiles could’ve applied to the vast majority of soldiers on both sides of the war. The only soldiers theoretically not at risk of nostalgia were unmarried men between the ages of 30 to 80 years old. The reality was that anyone regardless of age, aptitude, social status, or virility was vulnerable to nostalgia during the Civil War.

Although nostalgia was typically recognized as a medical disorder, many military officers did not formally accept its legitimacy or existence in many cases. Often, commanding officers and medical personnel were consumed with the other burdens of war. The pressure to stay abreast with the enemy, the poor conditions of the camps, and the parade of the sick and dying were all critical situations that required immediate attention. Cases of nostalgia and other mental disorders were often viewed more as a nuisance than a serious problem in need of prompt response.<sup>23</sup> Within the

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20 Barnes et al. *The Medical and Surgical History of the War of the Rebellion.*, 772.

21 Ibid., 885.

22 Ibid., 885.

23 Herschbach, Lisa. 1997. *Fragmentation and Reunion: Medicine, Memory and Body in the American Civil War*. PhD Dissertation, Harvard University. Ann Arbor: ProQuest/UMI. (Publication No. 9810667.) 60-61.

chaos of war, officers and medics often viewed cases they believed were nostalgia as impediments to the progress of the unit. Further, it could easily be translated into a far more detrimental characteristic: cowardice.

The importance of maintaining a certain level of perceived male bravado was critical for soldiers in the Civil War. Any act of defiance or cowardice was typically seen as highly dishonorable. It was common during the 19th century for military personnel to associate mental illness with weakness. This was a time when masculinity and bravery were held in the upmost regard and men were expected to live up to these high standards. To be accused of being a coward at any military setting was often detrimental for civil War soldiers. Many officers took advantage of the situation by utilizing methods of negative reinforcement included shaming those suffering from nostalgia. This was typically used as a method of prevention as it discouraged the men from disclosing their illnesses in fear of retribution. Some officers and physicians humiliated soldiers battling nostalgia by comparing their illness with sexually transmitted infections by informing them "that their disease was looked upon with contempt, that gonorrhea and syphilis were not more detestable."<sup>24</sup> Whether it was old prejudices or an effective prevention method, officers and physicians branding those suffering from nostalgia as social pariahs assured that many other men would be more reluctant to come forward in fear of losing their perceived masculinity.

These preconceived attitudes towards mental illness made it difficult for soldiers suffering with mental illness who had not acquired physical injuries. Some officers even went as far as to accuse these soldiers lacking somatic symptoms of malingering, an act

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<sup>24</sup> Barnes et al., *The Medical and Surgical History of the War of the Rebellion*, 886.

of avoiding one's duty either by pretending to be ill or inflicted by injury.<sup>25</sup> As Union surgeon J.C. Norton observed, "I am aware that when a disease becomes popular there are many soldiers who will take advantage of it and feign symptoms to avoid duty."<sup>26</sup> Malingering was seen as one of the worst acts of cowardice that had direct implications on one's honor and masculinity. Some officers considered it to be as hazardous as a communicable disease as it threatened the stability of the unit.

The officer's skepticism often did not go completely unwarranted. On numerous occasions throughout the Civil War, stories emerged of soldiers malingering, leaving many commanding officers suspicious of soldier's claims. For example, the number of men on sick roll would often rapidly increase just prior to a battle when it closely preceded an earlier battle with high casualties.<sup>27</sup> Prior to the Siege of Corinth, Mississippi in April of 1862, over 11,000 Union soldiers reported to the field hospitals claiming to be ill despite the fact that there were no major disease outbreaks at the time. Two weeks prior however, the army was involved with one of the worst battles of the war at Shiloh [Tennessee], which claimed over 23,000 casualties.<sup>28</sup> Incidences like this made it difficult for the officers and physicians to treat these types of non-tangible wounds. It was even more problematic for the soldiers suffering from psychological war wounds to come forward in fear of being labeled as a malingerer.

Even if numerous soldiers had indeed exaggerated their injuries or illnesses in order to escape their duties, they were still keenly aware of the negative consequences

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25 Barnes et al., *The Medical and Surgical History of the War of the Rebellion*, 61.

26 Norton, J.C. "Report of J. C. Norton, U.S. Vols., during the summer of 1863 in the 3d Division, 4th Army Corps" *Medical and Surgical History of the War of the Rebellion*. Part III vol. II. Washington D.C: U.S. Army Surgeon Medical Office, 1883. 706-707.

27 Herschbach, *Fragmentation and Reunion*, 62-63.

28 Ibid., 63.

of being portrayed as a coward. This fear was profoundly depicted in Stephen Crane's famous American novel, The Red Badge of Courage. Through the title character, Henry Fleming, we see the soldier's paradoxical struggle to control the overwhelming fear and anxiety that are indigenous in combat, yet their yearning to develop their manhood through courageous acts of wartime heroism. After Fleming withdraws from the heat of battle out of fear, he experiences intense guilt and shame once in the presence of battle hardened Union soldiers. Like Fleming, the men who succumb to their overwhelming fear were often shamed either by their fellow soldiers or by their own self-awareness of the cultural ideals of masculinity, which they failed to achieve. This guilt became an important motivational factor for soldiers to continue fighting even in the presence of certain death.<sup>29</sup>

Some soldiers noticed the significant changes to their temperament as a result of nostalgia developed during the war. In a letter home to his family, Union soldier William Wheeler described his inconsistent temperament and how the war had effected his spirit:

“this morning I was reckless enough, and thought of nothing but blood and wounds and fried secessionists for breakfast; but now, I can't help feeling ‘low’ and soft, with glimpses of a home-life somewhere, and a strong touch of nostalgia under the ribs.”<sup>30</sup>

The abnormally violent thoughts Wheeler experienced were evidence of how much the war had affected his mental state. It also showed the overwhelming effect cognitive functions could have on both the mental and physical status of soldiers.

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<sup>29</sup> Crane, Stephen. *The Red Badge of Courage*. New York: Appleton & Co, 1895.

<sup>30</sup> Wheeler, William. *Letter from William Wheeler, March 26, 1862, in Letters of William Wheeler of the Class of 1855*, Y.C. New York: Privately Published, 1875. 468.

While some military officers doubted the validity of nostalgia, others saw the significance of the disorder. In a letter to President Lincoln, General Benjamin Butler, who later became the president of the board of managers at the National Asylum for Disabled Soldiers in Washington D.C., requested a pardon for a soldier who had deserted his unit and later re-enlisted out of guilt. Butler sympathized with the youth's testimony claiming he struggled with "having, as he alleges and he seems truthful, home-sickness to such a degree as to amount to the disease nostalgia." General Butler excused the young soldier's desertion, an act punishable by death. Instead he understood "the strong effect of home-sickness upon youth."<sup>31</sup>

The officers and physicians who recognized nostalgia as a threat to the mental and physical safety of their men employed methods of prevention that varied as much as the general perceptions of the disorder did. Some commanding officers took a physical approach using disciplinary actions when dealing with cases of nostalgia. One of the reasons this approach was so popular was that many officers took incidences of nostalgia among their ranks as evidence of a lack of discipline.<sup>32</sup> For many of these leaders, the solution to nostalgia was exposure to combat. During the 19th century, combat was believed to be a cure for fleeting manhood, as it was the ultimate act of male bravado. Many officers believed forcing the men into combat in order to face their fears helped them to overcome any initial anxiety. Once battle-hardened, soldiers would be able to put aside their apprehension and complete their task. Also, military combat

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<sup>31</sup> Butler, Benjamin Franklin, *Letter from Benjamin Franklin Butler to Abraham Lincoln, May 1, 1864, in Private and Official Correspondence of Gen. Benjamin F. Butler, During the Period of the Civil War*, vol. 4. Norwood, MA: Plimpton Press, 1917. 628.

<sup>32</sup> Barnes et al., *The Medical and Surgical History of the War of the Rebellion*, 885-886.



was believed to cultivate a rare bond between soldiers. In theory, these surrogate families would ease the longing for the soldier's civilian life.<sup>33</sup>

Although still divided on the subject, those working in the medical services during the war had first-hand experiences with nostalgia providing them with unique perspectives regarding the subject. While there would've been many officers who continued to doubt the validity of nostalgia, the medical staff often experienced the immediate as well as the long lasting effects of the disorder. The first concern the medical personnel addressed was the somatic effects nostalgia had on the patients. Nostalgia was believed to have symptoms that included panic, delirium, insomnia, and hallucinations.<sup>34</sup> These types of ailments would render a soldier inactive and, worse, it could have lethal consequences. In many cases, the medical staff witnessed nostalgia physically weaken soldiers, making them more vulnerable to contract contagious diseases.

One of these individuals was Phoebe Yetes-Pember, a volunteer nurse for the Confederate Army. Yete-Pember saw the deadly effects of nostalgia and recorded the accounts in her diary. She observed: "Maladie du pays called commonly nostalgia, the home-sickness which wrings the heart and impoverishes the blood, killed many a brave soldier; and the matron who day by day had to stand helpless and powerless by the bed of the sufferer."<sup>35</sup> For Yetes-Pember, there was little she could do to nurse a soldier back to health after they fell gravely ill as a result of nostalgia.

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<sup>33</sup> Faust, *This Republic of Suffering*, 50-69.

<sup>34</sup> Barnes et al., *The Medical and Surgical History of the War of the Rebellion*, 882.

<sup>35</sup> Pember, Phoebe Yates. *Memoir of Phoebe Yates Pember, in Southern Woman's Story: Life in Confederate Richmond*. Jackson, Tennessee: McCowat-Mercer Press, 1959. 199.

Alfred Lewis Castleman, a surgeon for the Union Army witnessed the lethal progression of nostalgia when he described how a soldier's physical health quickly declined stating the man's symptoms went "from a depressing nostalgia, lapsing rapidly into typhoid."<sup>36</sup> On another occasion, Castleman witnessed again the fatal side to nostalgia as one of his patients perished from the illness. As he stated,

"The poor fellow died of Nostalgia (home-sickness), raving to the last breath about his wife and children. It seems strange that such an affection of the mind should kill strong, healthy men; but deaths from this cause are very frequent in the army."<sup>37</sup>

While many officers were polarized on the debate of nostalgia, a portion of the field held a moderate view of the disorder. That is to say that these individuals neither adamantly promoted nor rejected the idea of nostalgia. Rather they simply acknowledged its presence as a threat to the health and morale of the troops and worked on addressing the issue.<sup>38</sup> Although treatment varied depending upon the officer in command, the common protocol for nostalgia during the Civil War was physical activity.<sup>39</sup> It was a common belief that soldiers were at particularly high risk of developing nostalgia during periods of inactivity, especially during the winter. Inactivity allowed a soldier to reminisce on pleasant past experiences creating a disdainful disengagement with their current situation.<sup>40</sup> As a result, officers were encouraged to incorporate regular exercise into their daily routine.

What exactly constituted physical activity was determined by the individual

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36 Castleman, Alfred Lewis, *Diary of Alfred Lewis Castleman, October, 1861, in The Army of the Potomac, Behind the Scenes: a Diary of Unwritten History: from the Organization of the Army ... to the Close of the Campaign in Virginia, About the First Day of January, 1863*. Milwaukee, WI: Strickland & Co., 1863. Page. 253.

37 Ibid., 44.

38 Herschbach, *Fragmentation and Reunion*, 58-65.

39 Barnes et al., *The Medical and Surgical History of the War of the Rebellion*, 732 & 885.

40 Barnes et al., *The Medical and Surgical History of the War of the Rebellion*, 885.

commanding officer. Often, officers would assign extra work to those experiencing symptoms of nostalgia. Union surgeon John L Taylor recommended the soldiers

“must be taught the obligations and duties that become necessary to learn. They must be taught manual arms by the force of practice. They must learn science of tactics by repeating drills. Daily military exercise should be enforced. This combines exercise with the same amount of mental labor that has been their custom through life.”<sup>41</sup>

In theory, these constructive routines would protect soldier’s mental faculties by distracting them from thoughts of their home lives.

One of the more effective methods of treating nostalgia came from non-military organizations and volunteers. One of the most prominent groups that aided in the efforts to prevent and treat nostalgia was The United States Sanitary Commission, an emergency relief group founded in 1861 to help alleviate some of the growing problems that came from the war. In order to combat the problems of homesickness for the soldiers, the USSC developed a soldier registry operated by hundreds of volunteers. This program allowed soldiers to connect with their loved ones back home. It is estimated that volunteer groups, like the USSC and the Christian Commission, another smaller relief agency, wrote 92, 000 letters during the war.<sup>42</sup>

This letter-writing program was incredibly important for the soldier’s mental health as it allowed soldiers to reconnect with their civilian lives. This connection was of vital importance to many men including Union soldier George Sharland, who described the excitement his fellow soldiers experienced when the letters arrived:

“It was the best medicine issued for some time, and produced the most exhilarating effects, and although there was a rapid march to follow in its train, it was

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<sup>41</sup> Barnes et al., *The Medical and Surgical History of the War of the Rebellion*, 885.

<sup>42</sup> Faust, *This Republic of Suffering*, 106- 107.

accomplished with more ease and success than I ever knew a march of the same nature in the same length of time.”<sup>43</sup>

By having a familiar element of their past lives available while in service, some soldiers were able to cling on to the hope of returning home which made a major difference in their mental health. This program developed by the USSC was a successful, albeit indirect, anti-nostalgia campaign as it often made the difference between life and death for soldiers who were on the brink of mental and physical defeat.

Other mental disorders prominent in the 19<sup>th</sup> century psychiatric lexicon included melancholy, hysteria and the broadly defined insanity. Like nostalgia, these three disorders were present in soldier of the Civil War. Although these disorders were broadly defined, each had distinctive characteristics that distinguished individual disorders from other conditions. That said, the three remaining disorders were not nearly as prevalent as nostalgia during the war. However, that is not to say that their presence was nonexistent or that their effects were less substantial. While there were numerous mental illnesses known to the medical doctor during the 19<sup>th</sup> century, these four were significant in terms of the Civil War as each had distinctive traits that are typically connected with trauma, depression or psychosis, all of which are coincidentally associated with modern disorders related to combat experience such as Post-traumatic Stress Disorder, Traumatic Brain Injury and General Depression Disorder.

### ***Melancholy***

One of the most prominent mental illnesses of the 19<sup>th</sup> century was melancholy. This disorder, by some standards, is similar to the modern illness of depression.

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<sup>43</sup> Sharland, George. *Diary of George Sharland, December, 1864, in Knapsack Notes of Gen. Sherman's Grand Campaign through the Empire State of the South*. Springfield: Jackson & Bradford, Printers, 1865.

Melancholy was an ailment characterized by the depressive state or feelings one experienced, often, after suffering a tragic or traumatizing situation.<sup>44</sup> The extent to which people experienced melancholy greatly varied. Mild cases may have created slight inconveniences but severe cases were often debilitating.<sup>45</sup> One famous example of melancholy related to the Civil War was President Abraham Lincoln's battle with the disorder. After the deaths of his sons, especially his third son Willie, the president suffered a state of intense despair. For the remainder of his life, Lincoln would experience periods where he became overwhelmed by his grief.<sup>46</sup>

One of the major differences between melancholy and the other nineteenth century mental disorders was the extensive use of the term in both medical vocabulary and common everyday idiolect. The term could be used to both describe a minor emotional sensation or a 19<sup>th</sup> century version of a clinical diagnosis. During the antebellum period, Americans often employed a wide variety of terms to describe their negative emotions all of which could be classified as melancholy. Some of the more popular examples used during the Civil War include: disheartened, discouraged, demoralized, disparity, worn-out, rattled, lonesome, and the blues.<sup>47</sup> This extensive use of the term makes the historical study of melancholy cumbersome, as it is either overused or disguised by the vast range of applications. In order to address the issues of ambiguity, the context of the events in which an incidence of melancholy is proclaimed will be examined in order to provide ample evidence as to the level of severity.

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44 Porter, Roy. *Madness: A Brief History*. Oxford: Oxford University Press, 2002. 45-46.

45 Varga, Somogy. "From Melancholia to Depression: Ideas on a Possible Continuity." *Philosophy, Psychiatry & Psychology* 20 (2013): 141-155.

46 Wolf Shenk, Joshua. *Lincoln's Melancholy: How Depression Challenged a President and Fueled His Greatness*. Boston: Houghton Mifflin Co., 2005. 3-9.

47 Dean Jr, *Shook Over Hell*, 116.

Although melancholy was something most soldiers would claim to have experienced at some point, Civil War physicians generally paid little attention to melancholy unless a severe case would arise. Men frequently expressed the overwhelming sorrow they experienced during their time in service. In his diary, Union soldier Luman Tenney briefly described a fellow soldier and friend committing suicide. He wrote one word representing his feelings about the violent loss of his friend: “melancholy.”<sup>48</sup> For Tenney, melancholy was the most adequate description to depict the intense emotional experience of losing a comrade and friend in such a severe manner.

Melancholy among soldiers was a fear for many army physicians, as some believed that it could result in a range of somatic symptoms. Often, physicians and volunteers watched hopelessly as healthy soldiers wasted away, steadily losing any hope of recovery as a result of their disparity. As Nurse Phoebe Yetes-Pember described,

“For months I have watched a victim, helpless, hopeless and motionless, simply receive into his mouth daily a few spoonfuls of nourishment, making no other movement, the skin barely covering the bones, and the skeleton of the face as sharply defined as it might have been days after dissolution.”<sup>49</sup>

The combination of melancholy and physical illness had severe consequences that often resulted in men losing their will to live; “the food never nourished, the drink never strengthened; the decay would be gradual, but death was inevitable.”<sup>50</sup>

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48 Tenney, Luman. *Diary of Luman Harris Tenney*, in *War Diary, 1861-1865*. Cleveland, OH: Evangelical Pub. House, 1914. 195.

49 Pember, *Memoir of Phoebe Yates Pember*, 199.

50 Ibid., 199.

The medical personnel and volunteers were also predisposed to experiencing bouts of melancholy as a result of their constant exposure to sorrow, disease and death. Volunteer nurse Kate Cummings discussed the overwhelming emotions she experienced while treating wounded soldiers, “O, I felt so sad! Visions of a terrible past would rise and review before me – all for naught. Many a boyish and manly face, in the full hey – day of life and hope, now line in the silent tomb.”<sup>51</sup>

While incidences of melancholy were common during the war, the response and treatment given to those suffering from the disorder was both vague and inconsistent. Melancholy is not listed as a major disorder within the five volumes of collective medical records found in The Medical and Surgical History of the War of the Rebellion. Soldiers did not often mention specific treatments or remarks made from their commanding officers after experiencing bouts of melancholy. However it is known that some officers were reluctant to see mental illness as anything other than a state of weakness and a sign of insufficient discipline.<sup>52</sup> Also, episodes of depression were often seen as symptoms categorized as nostalgia.<sup>53</sup> Some cases of mania or insanity were believed to be a product of melancholy as a result of the severe depression that was often characterized with the disorder.<sup>54</sup> As a result of the extensive definition of the disorder, the negative attitudes towards the overall idea of mental illness, and the overlapping symptoms with nostalgia, it would seem highly unlikely that many soldiers would have been treated directly for a sole complaint of melancholy. Even with the

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<sup>51</sup> Dean Jr, *Shook Over Hell*, 79.

<sup>52</sup> Barnes et al., *The Medical and Surgical History of the War of the Rebellion*, 884-886.

<sup>53</sup> Ibid, 882.

<sup>54</sup> Healy, David. *Mania: A Short History of Bipolar Disorder*. Baltimore: Johns Hopkins University Press, 2008. 41.

ambiguity, melancholy had one sinister impact on the soldiers, which neither officers nor physicians could overtly ignore. The most significant impact of melancholy was the resulting suicides that often occurred in the most severe cases.

Medical reports conducted several years after the war found that 302 men reportedly committed suicide during the 4 years of the war.<sup>55</sup> That is roughly 76 men per year. This is a comically insignificant number especially when compared to the number of deaths contributed to communicable diseases like typhoid, dysentery and malaria, which took the lives of hundreds of thousands of men. While this amount may seem inconsequential, there is a lot hidden below the surface of those numbers.

First, that total amount of 302 solely reflects statistics from Union reports. Confederate statistics were not included in the calculation after the war meaning that the real number could be at least doubled.<sup>56</sup> Another factor to consider when looking at the validity of that total is what was not included in the calculation. Suicides committed in POW camps, those who may have killed themselves during the battles, attempted suicides, or those who had committed suicide recently after being discharged were not included in the final figures. By these factors alone, it is highly plausible that the real number of suicides that occurred during the Civil War was significantly higher.

However, what is more important than the correct figures is the cultural significance of committing suicide in the mid-19<sup>th</sup> century. During the first half of the century and the later part of the antebellum period, America had experienced the second, and the beginning of the third, Great Awakening movements. These periods were distinctive for its increased religious zealotry and moral crusading. With the

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<sup>55</sup> Barnes et al., *The Medical and Surgical History of the War of the Rebellion*, xxxvii.

<sup>56</sup> Ibid., xxxvii.



increase in religious furor, suicide was negatively portrayed and considered a dishonor for many individuals. This is especially true for soldiers who personified the essence of masculinity and had the ability to overcome emotions that got in the way of their duties.

Another element regarding the intensity of the decision for many soldiers to commit suicide was the desire by many Americans to achieve what is known as the “good death.” This complex concept touches upon the art of death and how to achieve a satisfactory passing worthy of a faithful servant of God and beloved family member.<sup>57</sup> The idea of the bad death was often shamed in American society resulting in a negative perception over the act of suicide. The fact that suicide actively brought disgrace not only to memory of the soldier, but also to his surviving family members, is a testament to the severity of the suffering of these men who had killed themselves. Although rather ambiguous, melancholy played a significant role in the lives of countless Civil War soldiers and pushed many to the edge by forcing them to end their lives in order to alleviate their mental suffering

### ***Hysteria & Insanity***

Another peculiar disorder found among the medical discourse during the Civil War was hysteria. Almost exclusive to women, hysteria was believed to be the result of malfunctions in one’s nerves or sexual organs, which resulted in abnormal behavior.<sup>58</sup> Part of this disorder was socially constructed as a tool for a patriarchal society to control the female population. In the nineteenth century, men had the authority to commit their wives and female members of their family into insane asylums for any number of reasons including disobedience. Although this disorder was generally feminized, men

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<sup>57</sup> Faust, *This Republic of Suffering*, 6-7.

<sup>58</sup> Porter, *Madness: A Brief History*, 86.

would be diagnosed with hysteria occasionally in civilian life for a number of reasons which typically landed them in insane asylums.

That said, Civil War soldiers were not diagnosed with hysteria. However, they were reported as displaying symptoms of hysteria. Private John Davis of the 8th Vermont was admitted into the hospital in July of 1864. He was suffering from paroxysmal and fever prior to his admission, but his chief complaint was his anxiety. Davis had lost his appetite, felt weak, was restless, and experienced insomnia. Once he was in the hospital, the doctors described his condition particularly noting his “convulsive movements resembling those present by certain cases of hysteria.” Davis’s condition progressively got worse as he became delirious, experienced violent fits, and spells of intense screaming. Doctors administered a turpentine enema, however, Davis fell into a coma and eventually died.<sup>59</sup> What is interesting about the Davis case was the one symptom he expressed great concern about was his anxiety. He had experienced a battery of symptoms including fever, weakness and insomnia yet his anxiety was his top priority. Hysteria was often associated with severe anxiety or impracticable fears, which explains the doctor’s comments.<sup>60</sup>

While hysteria embodied anxiety disorders, severe psychological symptoms were typically associated with insanity. Often called mania or less often dementia in civilian discourse, insanity was broadly used by physicians of the Civil War to identify any significant psychological break down.<sup>61</sup> Although hysteria and melancholy were primarily classified as symptoms, insanity was used as a diagnosis and was much more

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<sup>59</sup> Barnes et al., *The Medical and Surgical History of the War of the Rebellion*, 580.

<sup>60</sup> Dean Jr., *Shook Over Hell*, 106.

<sup>61</sup> Ibid., 116.

severe.

Although less prominent, some men developed insanity after major medical procedures. Often these procedures left men horribly disfigured and with persistent and overwhelming pain that drove them to insanity. This was the case for private Boub of the 108<sup>th</sup> Ohio. After falling from a bridge, Boub fractured his hip and his doctors had failed to set it properly. As a result he walked awkwardly on it. His pain was so significant that he soon became delirious. Boub was admitted into the Governmental Hospital for the Insane in Washington DC on May 16, 1865. Dr. Nichols, the asylum superintendent, described his thoughts on Boub's case; "the patient's mental condition was that of slight chronic dementia." Boub never healed from his wounds, physical or psychological, and he died less than a year later from tuberculosis, which he contracted while in the asylum.<sup>62</sup>

In addition, numerous soldiers were declared insane after amputation procedures. These procedures were often particularly gruesome and, in certain cases where anesthetics were not provided, horrifying resulting in increased levels of anxiety. In some situations the level of anxiety became so severe that it altered the soldiers mental state. An example of this was private J. Leonard who required surgery on his thigh after he received injuries in the summer of 1863. Physicians removed all of his lower leg leaving 7 inches of remaining thigh. Private Leonard however did not have a successful psychological recovery, as he was declared insane weeks after his surgery during his record period. In June 1864, Leonard was committed into the asylum in

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<sup>62</sup> Barnes et al., *The Medical and Surgical History of the War of the Rebellion*, 121.

Washington DC.<sup>63</sup>

Almost all cases of insanity were considered to be severe. However, some cases were considered to be more severe than others especially when the soldier experienced debilitating losses of cognitive functions. During the battle of Bermuda Hundred, Albert Frank of the 8<sup>th</sup> Connecticut Infantry, offered a fellow soldier sitting next to him a drink of water from the canteen hanging around his neck. While extending the canteen out for the soldier to drink from, a shell was fired which decapitated the soldier beside Frank. Although Frank was not physically injured he was extremely disturbed by the events that occurred. That night, Frank experienced severe psychosis, screaming and running out of his quarters only to be found huddled up on the floor overwhelmed with fear. Frank's situation became worse when the only communication he was capable of was making noises that included bomb and whizzing sounds. Also he repeated the phrase "Frank is killed" continuously. The next day physicians declared him insane and Frank was admitted into the Governmental Hospital for the Insane.<sup>64</sup> When an incident of mental illness was severe enough, as was the case for Albert Frank, officers and physicians took proactive measures to remove the wounded soldier from the field.

Often medical reports on soldiers who were diagnosed with insanity were ambiguous. In some cases, the reports were no more than 1 to 2 lines long and failed to include the soldier's full names or any other identifiable information. However, what is unique about these cases of insanity and hysteria was the prompt treatment these individuals received when compared to the other disorders. The key difference in these cases was the level of severity. These men suffered significant psychological

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<sup>63</sup> Barnes et al., *The Medical and Surgical History of the War of the Rebellion*, 295.

<sup>64</sup> Dean Jr., *Shook Over Hell*, 65-66.

breakdown, which had tremendous impacts on their cognitive functioning. In other words, these men were not fit to rejoin society let alone participate in active combat. No matter the amount of physical activity or discipline a commanding officer would implement, these soldiers were lost causes. Almost all of the case studies were transferred from active duty to insane asylums. Some of the soldiers were transferred almost immediately. This act of complicity with the most severe cases of mental illness would continue to be a trend throughout the remainder of the 19th century.

Officers and physicians could not ignore these injuries as they did with other cases of melancholy and nostalgia. Neither medical staff nor military commanders had the ability to provide adequate care for these individuals nor a plausible excuse for keeping them in the field. The only option left to military officials was to transfer all the severe cases of mental illness to a facility that had the ability to provide them with the long-term care they needed. In the Frank case study, his behavior after the incident was severe enough that the doctors immediately relocated him to an asylum. Typically soldiers remained in field hospitals as physicians believed they had a hope of a recovery. However Frank's situation was so severe officers immediately knew he was a lost cause and transferred him out.<sup>65</sup>

Unfortunately, it was too little too late for most of these soldiers after they were transferred to the asylums. The methods of care utilized in the field and military hospitals often expedited the incidences of severe mental illness rather than preventing it. In order to receive the most extensive medical intervention during military service in the Civil War, one had to be irrevocably damaged to the point where recovery was almost impossible.

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<sup>65</sup> Dean Jr, *Shook Over Hell*, 65-66.

### ***Conclusion***

The Civil War provided a great paradox for the 19th century mental health care system. On the one hand, the war brought to light the vulnerability of the human psyche as well as the devastating effects mental illness can have on one's physical health. Although mental illness in war was not a novel concept, it was not a commonly discussed subject among most military personnel prior to the Civil War. As a result of the mass mobilization of hundreds of thousands of troops and the abnormally traumatic experience of the Civil War, many officers, physicians, and soldiers were forced to encounter, acknowledge, or experience firsthand cases of mental illness. While the war provided a platform for mental illness, the price paid was at a tremendous cost.

For the first time in American history, military and medical personnel were actively attempting, although inconsistently, to treat and prevent mental illness among soldiers. Although the war was a pivotal moment on many levels for healthcare in the United States, the perception and treatment of psychologically wounded soldiers during the Civil War exposed the failure of the mental health system and the archaic and misogynistic ideologies that dictated military life and in some cases civilian life during the 19<sup>th</sup> century. While some soldiers were able to receive some type of service for their psychological wounds, they were typically the most severe cases that had little hope of recovery. For the rest of the soldiers who suffered with psychological wounds after the war, they were forced to find other means of assistance and aid. Just like their experiences during the active combat years, veterans experienced the wide range of attitudes that affected the type and quality of care they received. The next chapter will look at the informal sector of mental health care provided to the soldiers who developed

such disorders as nostalgia, melancholy, hysteria, insanity or other 19th-century disorders of the mind as a result of their combat experience during the Civil War.

## **Chapter 2: Home Care, Community Aid**

### **and the Quality of Life**

The Civil War was undoubtedly a pivotal moment for the United States. This war forever changed the trajectory of the country by freeing millions of people in bondage, dissolving the elitist agrarian economic system in the South, re-establishing solidarity of the Union as well as strengthening the authority of the federal government. With this tremendous victory came a heavy price as an estimated 750,000 men were killed and thousands more were left disfigured and permanently wounded. Those fortunate enough to survive were left to process the horrific events that had transpired during the bloody four-year conflict. Although seemingly of sound body and mind, these men carried a substantial burden, which often became overwhelming for some leaving them with an invisible, festering wound.

Veterans weren't necessarily alone in their struggles as a great number of psychologically wounded veterans found support within their own families and communities. Without formal training or extensive experience, countless civilians were thrust into the position of psychological caregivers for their ill fathers, brothers, sons, neighbors, or friends. Most of these people were not directly involved in the war, yet the civilian caregivers were responsible for fixing what the war had destroyed for these men. Although these supporters could not provide extensive medical services, they were able to support veterans in numerous ways to accommodate their needs. The range of support varied from 24-hour surveillance to providing veterans and their families with food. Although these actions would often be classified as charitable efforts, which



are not typically associated with mental health care, they were crucial for many Civil War veterans who suffered from psychological wounds after the war. These ad hoc methods of informal mental healthcare became critical to the survival of countless veterans.

This chapter will examine this informal sector of psychological care provided by family members and community figures such as churches, charities and individual members of society. Each of these supporters roles will be analyzed in order to understand how extensive their involvement was and how they benefited the psychologically wounded veterans. The subject will also be approached with a social lens by examining how the quality of life for the veterans as well as the caregivers, particularly the wives and family members, was affected by the veteran's mental illnesses developed during the war. This examination will provide an understanding as to how veterans were able to cope with mental illness without seeking formal assistance from medical services as well as understanding how civilians were able to develop a series of ad hoc support options that rivaled professional doctors and services.

### ***Historiographical Debate***

The historical debate on the subject of psychological illnesses as a result of the Civil War has long since been a source of controversy. Legendary historian James Robertson briefly addressed the issues of psychological repercussions of the war in his 1988 book Soldiers Blue and Gray. In this work, Robertson refuted the idea that veterans suffered with long-term psychological effects, claiming that "time healed most

wounds and obliterated scars of body and mind.”<sup>66</sup> Acclaimed historian Earl J. Hess was more bold with his assessment, stating “veterans were not victims, as twentieth century authors tend to portray soldiers in all wars, but victors over the horrors of combat” in his book *The Union Soldier in Battle*.<sup>67</sup>

While a decent faction adheres to these claims, there is a significant body of evidence that suggest another conclusions. First, not all psychological wounds are manifested in obvious symptoms such as hyper-vigilance, self-destructive behavior and flashbacks. By modern and 19th century standards, nonintrusive symptoms such as insomnia, difficulty completing mundane tasks and detachment from friends and family can be important indicators of mental illness as well.<sup>68</sup> Although they were not outwardly displaying severe symptoms of mental illness, many veterans frequently struggled with these ordinary aspects of every day life, including the completion of mundane tasks, loss of relationships or excessive drinking. However, these individuals suffering from nonintrusive symptoms or mild to moderate mental illness would not have gained as much attention from medical personnel during the 19<sup>th</sup> century and subsequently historians of the 21<sup>st</sup>-century. It is a reasonable and plausible hypothesis that numerous Civil War veterans may have suffered from a wide variety of mental illnesses with the understanding that milder cases were predominantly treated with homecare.

Second, there is both quantitative and qualitative evidence that supports the idea of psychological disorders within the context of the Civil War. The most famous

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66 Robertson, James. *Soldiers Blue and Gray*. Columbia: University of South Carolina Press, 1988. viii.

67 Hess, Earl. *The Union Soldier in Battle*. Lawrence: University of Kansas Press, 1997. ix.

68 American Psychiatric Association. (2013) *Diagnostic and statistical manual of mental disorders*, (5th ed.). Washington, DC. 1-2.

qualitative account for this argument is Eric Dean Jr.'s 1997 work Shook Over Hell: Post-traumatic Stress, Vietnam and the Civil War. Dean provides a well-executed argument that chronicles the psychological casualties both during and after the Civil War via personal accounts from soldiers as well as from asylum records. While his work is arguably the most significant in the field of medical military history, other equally impressive works have added validity to this argument, including Drew Gilpin Faust's Bancroft awarded work *This Republic of Suffering: Death and the American Civil War*. Her research on the Civil War's impact on the perception of death in American society provided excellent insight into the vast scope of devastation that included cultural and psychological repercussions.

However, Hess's argument of 21<sup>st</sup> century interpretations interfering with the analysis of the topic is not completely refuted with the body of evidence from the historical discourse as he claimed modern bias greatly affected the authenticity of the field. Rather, quantitative data and research is needed to provide a multifaceted argument for the latter school of thought. This investigation was completed in 2006 when psychological researchers Judith Pizarro, Roxane Cohen Silver, and JoAnn Prause completed a comprehensive study that looked at the post-war mental and physical health of Civil War veterans. Pizarro et al collected a sample population of 15,027 randomly selected veterans whom had survived up to the year 1890.

The researchers then used a control group of civilians within the same age range comparing their mental and physical health. The results included a positive correlation between combat experience and post war physical and psychological illness.<sup>69</sup> The

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<sup>69</sup> Pizarro, Judith. Cohen Silver, Roxane. Prause, JoAnn. "Physical and Mental Health Costs of Traumatic War Experiences Among Civil War Veterans," *General Psychiatry* 63 (2006): 193-200.

study also concluded that soldiers within the youngest age bracket, 9-17, had the greatest risk of developing physical illnesses while soldiers who were wounded had the highest rates of psychological disorders.<sup>70</sup>

This body of data provides ample evidence supporting the theory that poor mental health was a present factor in the aftermath of the war. What this chapter hopes to add to this field is two fold. First, it will include an in-depth look at the amateur care veterans received from their families and within the community during the post-war era. The second analysis looks at the chronic negative repercussions of the participation in the war and how this greatly impacted the quality of life for not only the veterans but their loved ones as well. Some of the events that'll be examined include criminal activity, alcoholism, suicide, domestic violence, and conflicts of masculinity, as these were a few of the issues that many veterans struggled with after the war.

It must be added that many veterans may not have been aware or even believed that they were experiencing any type of ailment or negative repercussion from the war. Some of these men may have been struggling with the same issues of domestic violence, masculine identity, mild mental illness, excessive drinking or suicidal tendencies prior to entering the war. It is important to note that this argument cannot be applied to all veterans who were arrested after the war, battled with alcoholism or experienced any of the aforementioned negative events. Human behavior is exceedingly complex and it can never be generalized to a single cause and effect theory. Rather, the argument being made in this investigation is that some veterans struggled with symptoms of psychological illnesses as a result of their wartime

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70 Pizarro, Judith et la., "Physical and Mental Health Costs of Traumatic War Experiences Among Civil War Veterans," 198.

experiences, at which point their families and communities stepped in to assist them with their various needs.

### ***Home Care Vs. Professional Care***

In modern society, most people wouldn't think twice about seeking professional assistance (i.e. physicians, psychiatrists, therapists etc.) when dealing with a persistent form of mental illness. This is not necessarily the case for individuals in the mid to late 19th century. There were several reasons for this mistrust of the psychological community. The first was the negative reputation of asylum hospitals. Accounts of violent attacks, poor conditions and unqualified staff led many people to perceive these healing centers with fear and anxiety. Campaigns for asylum reform surfaced as early as the 1850s with Dorothea Dix, a famous mental health activist who championed the cause of reform claiming that patients in these hospitals were being severely mistreated.<sup>71</sup> The overall conditions and inefficiency of the asylums failed to improve with the passing years leaving many people to mistrust the system.<sup>72</sup>

Violent incidences in asylums became topics of sensationalism for members of the press. Journalists conducted numerous undercover reports with polarizing intentions to expose mistreatment within the asylums and create an elicited story that would boost sales; more often the latter. In August 1872, *New York Tribune* reporter Julius Chamber committed himself into the Bloomfield Insane Asylum, a private hospital in New York City, as part of an internal investigation into the asylum requested by the superintendent

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<sup>71</sup> Muckenhoupt, Margaret. *Dorothea Dix: Advocate for Mental Health Care*. Oxford: Oxford University Press, 2003. 89.

<sup>72</sup> Grob, *The Mad Among*, 100-102.

David Brown.<sup>73</sup> The reason for his investigation was to test the effectiveness of newly reformed Lunacy Laws.<sup>74</sup> His report showed critical flaws in the system that included errors with the intake process, the conditions of the asylum and the competence of the staff.<sup>75</sup>

On the other end of the spectrum, Nellie Bly, a reporter for the *New York World*, was asked by her editor to complete an exposé of the Blackwell insane asylum for women in Manhattan in 1887.<sup>76</sup> As the increasing pressures surfaced to produce sales from the heated battle between news outlets, Bly's report "Inside a Madhouse" was less formal and far more sensational, complete with graphic accounts of the asylum including brutal misconduct from the staff, in-adequate medical care, harsh living conditions and un-edible food infested with maggots.<sup>77</sup> Articles like these horrified the public, which created an overwhelming negative attitude towards asylums.

Perhaps the most significant reason why more veterans opted for home care versus professional care was the level of severity of their ailments. The measure of severity during the 19th century was largely based on one's ability to be rehabilitated. If a patient suffered with an ailment for brief episodes, they were considered cured whereas those veterans who continually struggled with their disorders subsequently were categorized as incurable as a result of chronic disorders. The original

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73 Chambers, Julies. "Abuse of Lunatics." *The New York Tribune*, September 2nd, 1872. Accessed April 17, 2014. <http://dlib.nyu.edu/undercover/iii-abuses-lunatics-julius-chambers-new-york-tribune>.

74 Chambers, Julies. "The Lunacy Law Tested." *The New York Tribune*, August 29th, 1872. Accessed April 17, 2014. <http://dlib.nyu.edu/undercover/i-lunacy-law-tested-julius-chambers-new-york-tribune>.

75 Chambers, Julies. "Among the Maniacs." *The New York Tribune*, August 31st, 1872. Accessed April 17, 2014. <http://dlib.nyu.edu/undercover/ii-among-maniacs-julius-chambers-new-york-tribune>.

76 Bly, Nellie. "Behind Asylum Bars." *The New York World*, October 9, 1887. Accessed April 17, 2014. <http://dlib.nyu.edu/undercover/behind-asylum-bars-and-inside-madhouse-nellie-bly-new-york-world>.

77 Bly, Nellie. "Inside a Madhouse" *The New York Tribune*. October 16, 1887. Accessed April 17, 2014. <http://dlib.nyu.edu/undercover/behind-asylum-bars-and-inside-madhouse-nellie-bly-new-york-world>.

Enlightenment thought process believed every case of mental illness was curable if patients were given the correct treatment in the right environment.<sup>78</sup> As time passed, most of the patients placed in asylums were classified as having chronic mental illness.<sup>79</sup> While many patients were released from the asylums, they were not by definition cured and often they were readmitted. Asylums soon became a holding pen for the most severe cases of mental illness.

For those individuals who suffered with mild to moderate psychological ailments, entering an asylum would've been a dramatic action. Most asylums did not permit patients to exit voluntarily. Patients would either have to be picked up by family or have a doctor say they were capable of rejoining society. Additionally, many veterans didn't have the luxury to step away from work in order to check into an asylum for an invisible disorder. The decades following the Civil War were marred with economic difficulties particularly in the war torn south, which was also baring the burden of four million new citizens without extensive skill or formal education that now required some form of pay for their work saturating the already damaged market. Additionally, it was common for southern soldiers to return home to an area completely devastated by the war. Although there were still functioning asylums in the southern states, families and communities often band together in order to reestablish their society and heal their wounds. For these collective reasons, most veterans frequently opted for home care versus professional care.

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<sup>78</sup> Grob, *The Mad Among Us*, Pages 99-100.

<sup>79</sup> Ibid., page 108.

### *Family Care, Family Burden*

Upon their arrival home, most veterans principally return to having their families or spouses being their primary caregiver for mild ailments as opposed to the medical teams used in the field hospitals during the war.<sup>80</sup> While the hospital system was steadily on the rise at the conclusion of the war, it was more convenient for most veterans to utilize their local options for long-term care. That meant that on top of their own household responsibilities, many women were also given the task of being full time nurse. Often this was a 24 hour, 7 day a week job. As veterans got older, the more care they required. For decades, Union veteran Daniel Sawtelle relied on his wife to help care for his injuries that persisted after the war. Acknowledging her critical role in his life he stated, “my wife has been my dr. and my nurse all of these 50 years of our married life.”<sup>81</sup>

However, not all situations were as harmonious as Sawtelle’s experience especially for those veterans who suffered with significant mental illnesses. Psychologically disabled veterans who were in good physical health were often a dangerous threat to family members. Many veterans experienced violent outburst and those within the proximity were in danger of becoming the targets of their blind rage. Confederate veteran Thomas Matthews was described as being “disposed to do injury to his family.”<sup>82</sup> Some veterans took their aggression out on strangers as well as their family. Frequently threatening friends and family with physical violence during

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<sup>80</sup> Humphreys, *Marrow of Tragedy*, 2013. 291.

<sup>81</sup> Shaefer, Michael. “Really, Though, I’m Fine: Civil War Veterans and the Psychological After Effects of Killing.” In *The Civil War in Popular Culture: Memory and Meaning*. Edited by Kreiser Jr. L. Allred, R. 11-24. Lexington: University of Kentucky, 2013. 20.

<sup>82</sup> McClurken, Jeffrey W. *Take Care of the Living: Reconstructing Confederate Veteran Families in Virginia*. Charlottesville: University of Virginia Press, 2009. 137.



episodes of rage, Virginia veteran Marcellus Cousins was finally arrested after he “committed violence against Negros.”<sup>83</sup>

Family members often employed physical force to counteract veteran's aggressive behavior. When veterans experienced periods of manic delusion and violent outburst, multiple people physically restrain him until he calmed down. In the case of Angelo Craspey, it took his father, stepmother and neighbor to physically restrain him when he experienced delusional fits of rage.<sup>84</sup>

This method of physical treatment for manic episodes resulting from mental illness worked when there were multiple people around. However, this option was less favorable to those families with less people or very few or no male members. For those caregivers who did not have the safety in numbers or the male presents, it became exceedingly difficult to respond to the veterans safely. This was the case for the family of Indiana veteran William Gile. Cared for by his elderly mother and niece after the war, Gile's violent behavior and threats soon overwhelmed the two women. The women lived in fear of Gile's illness and were particularly horrified by his murderous threats stating he'd be able to kill them and “do it quickly.”<sup>85</sup>

When there was safety in numbers, physical constraint was an effective method of addressing veteran's violent outbursts. On some occasions though, veteran intentionally took their frustration and pain out on their wives and family members by physically attacking them. Another theory is that the trauma veterans experienced during the war perpetuated the violent tendencies the men may have been harboring

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83 McClurken. *Take Care of the Living*, 128.

84 Brandt, Dennis. *Pathway to Hell: A Tragedy of the American Civil War*. Lincoln: University of Nebraska Press, 2008. 148.

85 Dean Jr, *Shook Over Hell*, 137.

prior to the war creating a perfect storm that resulted in horrific cases of domestic violence.<sup>86</sup> While intimate partner violence has become an unfortunate hallmark of modern combat related mental illness, many Civil War veterans also displayed these trademark tendencies of domestic violence. One of these veterans who became domestically violent after experiencing psychological trauma after the war was Union Captain Frank Norr. At the battle of Chickamauga, Norr suffered from significant psychological trauma. Upon returning home, he often took out his frustration on his wife both verbally and physically. On one occasion, Norr shot at his wife to show her what he “used to do to the Confederate soldiers.”<sup>87</sup>

The wives weren’t the only ones who were forced to cope with veteran’s violent behaviors. Children were often caught in the crosshairs of a veteran’s violent outburst. Union veteran Samuel Martin was one of these men who exhibited violent behavior and frequently took his anger out on his family after returning from the war. His behavior was also heightened by his opium addiction. On several occasions Martin attacked his children in horrific manners including throwing a hatchet at his daughter. Martin even confessed to having the urge to stomp on his newborn until it was dead.<sup>88</sup>

In his work *Shook Over Hell: Post-Traumatic Stress, Vietnam and the Civil War*, Eric Dean Jr. used a case study of 291 Indiana veterans who were committed to the Indiana Hospital for the Insane from 1861 to 1919. In the sample, 26.8% of the veterans displayed physically violent behavior towards their families. While many of the veterans who experienced severe fits of violence were admitted into asylums, many

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86 Gerlock, April A. "Domestic Violence and Post-Traumatic Stress Disorder Severity for Participants of a Domestic Violence Rehabilitation Program." *Military Medicine* 169 (2004): 470-474.

87 Dean Jr., *Shook Over Hell*, 166.

88 Ibid., 167.

remained at home in the care of their families. In order to avoid physical abuse as much as possible, these women would often have to devise plans to manage their husband's irrational anger.<sup>89</sup>

This was the case for the Brittin family of Indiana. After returning from war, Anna Brittin had to be on constant guard for her husband John's erratic behavior often resulting in violent outbursts. In order to keep his anger under control, Anna would take John on walks through the woods to distract him from his homicidal impulses to kill their children. If John's behavior became too violent, she would flee with her children and find temporary shelter.<sup>90</sup>

On rare occasions, members of the community or the local church would come to the aid of the battered wife and children. After one particularly brutal display of domestic violence, confederate veteran John Ashby was kicked out of the community church in Pittsylvania, Virginia. The community leaders became concerned with his behavior when he was caught "unmercifully whipping his wife."<sup>91</sup> Cases like Ashby were very rare. Very seldom did community members become involved in private household matters, as it was the custom to leave private matters to be dealt with within the family unit. The only time when they did step in was when a situation became very severe or it was done in view of the public, so the problem could no longer be ignored.

For these families left in domestically violent environments, one of the only solutions was constant vigilance. This method of treatment was optimal for family care providers who did not have the manpower to physically handle irate veterans.

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<sup>89</sup> Dean Jr, *Shook Over Hell*, 65-167.

<sup>90</sup> Ibid., 167.

<sup>91</sup> McClurken. *Take Care of the Living*, 66.

Responsibilities could also be doled out to a few or a multitude of people and it required no formal training. For these reasons, constant vigilance became one of the most significant approaches families could provide for psychologically disabled veterans.

For the family of union veteran James Farr, they encountered difficulties with caring for his disabilities and the only solution they had was constant vigilance. Farr returned from the war with significant psychological ailments that included bouts of melancholy nervousness, insomnia and intense irritation towards loud noises. As a result of his extensive ailments, his wife was required to constantly look after her husband in order to prevent him from hurting himself or others. In later years, she lamented over her never-ending job of looking after her damaged husband:

“my life is one of constant watchfulness and care over him day and night, never leaving him or permitting him to go out of my site without being with him or having someone with him... We are constantly on the watch to vent any noise or exciting cause from troubling him.”<sup>92</sup>

In some rare cases, medical staff patronized women if they did not provide around-the-clock care that for their disabled veterans. After being admitted into an asylum for his violent outbursts and tendencies to wander off, Ambrose Gibson’s wife was criticized by the physician, as he believed the catalyst of Gibson’s insanity was “inconsistency upon the part of his wife.”<sup>93</sup> Georgia veteran Michael Keenan had a particular traumatic experience during the war having been wounded then becoming a prisoner at a P.O.W camp. Even with this information, physicians blamed his mental illness on his wife claiming it was “domestic affliction” that perpetuated his disorder.<sup>94</sup>

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<sup>92</sup> Dean Jr, *Shook Over Hell*, 137.

<sup>93</sup> Miller-Sommerville, Diane. “Will They Ever Be Able to Forget?” Confederate Soldiers and Mental Illness in the Defeated South.” In *Weirding the War: Stories from the Civil War's Ragged Edges*, ed. Stephen Berry. Athens: University of Georgia Press, 2011. 321-339.

<sup>94</sup> Miller-Sommerville, “Will They Ever Be Able to Forget,” 331.

For families who were already struggling financially, providing continuous care would've been a difficult task. In order to address this issue, the family structure was very often extended to include distant family members.<sup>95</sup> This was a strategically smart move for both disabled veterans and financially dependent family members as they could collect more resources for the group as a whole. In some cases, distant family members from across multiple generations work together to keep the collective family afloat. In some cases family members from various generations would live under the same roof in order to conserve funds, limit the amount of work as well as emotional care. This was the case for Confederate veterans James Fulton who after the war moved in with his parents. This move was an advantage to both Fulton and his parents as they were able to provide both economic and emotional support in a time when both were desperately needed.<sup>96</sup>

Expanding the family network was a productive way to stretch out resources, funds and household work for individuals who couldn't manage them alone. This strategy was most effective when each member of the family contributed and did their part. However, families with veterans who were unable to contribute as a result of their injuries often experienced financial difficulties. Veterans did not necessarily have to be physically injured to fall into this category. Men like David Harrison Watson, who was physically healthy but struggled with mental illness, had difficult times maintaining employment often leaving them in debt. Court records indicated that two years after the war ended, Watson was in debt over 50 dollars which was more than his net worth at

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<sup>95</sup> McClurken, *Taking Care of the Living*, 53.

<sup>96</sup> *Ibid.*, 54.

the beginning of the war in 1860.<sup>97</sup>

Even in the grips of poverty, many veterans struggle to overcome their physical and psychological handicaps in order to provide for themselves and their families.

Although his family was on the verge of becoming destitute, Virginia veteran J. Hampden Chamberlayne was unable to work as a result of “a complete physical and nervous breakdown, which for a whole year, incapacitated him for efforts of any sort.”<sup>98</sup>

In some cases, families with disabled veterans cultivated incomes that were only marginally higher than families who lost male family members in the war. The 1870 Census records from Pittsylvania, Virginia showed that families with a living and healthy veteran made an average of 500 dollars more annually than those families with a living yet non-healthy veteran. Even more puzzling was that alive but injured families only averaged 128 dollars more annually than those families with deceased veterans.<sup>99</sup> Although some veterans would’ve been eligible for pension support, it was a small portion as most didn’t qualify immediately after the war and federal aid was only provided to union soldiers.<sup>100</sup> Thousands of families were forced to survive and support their disabled family members through backbreaking work.

In these severe cases, women took on the additional responsibility of providing the main source of income for the family as well as maintaining their household

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<sup>97</sup> McClurken, *Taking Care of the Living*, 48.

<sup>98</sup> Ibid., 137.

<sup>99</sup> Ibid., 48.

<sup>100</sup> Kelly, Patrick. *Creating a National Home: Building the Veteran’s Welfare State 1860-1900*. Cambridge: Harvard University Press, 1997. 54-56.

duties<sup>101</sup> in some of the industrialized northern cities, women and children could find employment in factories, but they were difficult jobs with long hours and dangerous work environments. It was much more difficult for southern women to find employment in the south as there was very little opportunity outside of domestic work which was also limited after the war. Some women even resorted to taking on physical labor jobs typically reserved for men in order to make ends meet. During harvest time, desperate women could be found in the field along side the other field hands earning meager wage all to support their families.<sup>102</sup> Through their hard work, relatives of psychologically disabled veterans were able to provide these men with enough care to prevent them seeking professional assistance through the medical community or asylums.

### ***Community Care***

Veterans who lived in smaller communities were often fortunate enough to benefit from the assistance and care provided by their friends, neighbors and local institutions. This type of community care was essential for survival of many veterans. Community care came in various forms one of the most predominant being through religious institutions. During the Reconstruction era, churches remained a focal point for most communities in the United States. While attending church may not have been mandatory in many situations, it was most certainly a social custom and tradition for most people. The church's presence in the community became even greater during the war as almost every person in the community was affected by it. Religious leaders and members of the church could provide each other with emotional and spiritual support.

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<sup>101</sup> McClurke, *Taking Care of the Living*, 61-62.

<sup>102</sup> Ibid., 62.

The assistance of the church went beyond that in many cases to include food and monetary donations for destitute veterans, widows and orphans especially in the south where Confederate veterans did not receive federal assistance.<sup>103</sup>

In some cases, the church could provide individuals with employment in order to keep them and their families out of poverty. This was the case for Martha and Nancy Owen. Prior to the war, the Owen family struggled financially and their financial problems were elevated further when the male members of their family went off to war. Martha and Nancy took turns working as the sexton in the local church from 1863 to 1865. When their family members returned home and could not find work, Martha and Nancy continued their services to the church.<sup>104</sup>

Very often, churches would provide funding for destitute veterans and their families if they had the means to do so. Kentuck Baptist Church in Virginia formed a “committee of benevolence” in 1868 in order to assist impoverished veterans and their families. This group provided financial compensation, food and supplies for families selected by the board composed of three church members who work directly with the families. Although this was an advanced system of care, Religious institutions and community care became one of the largest supporters of assistance for veterans in the southern states, as they were not federally compensated.<sup>105</sup> Even with its limits, this method of care became essential for many veterans and their families and saved them from poverty in some cases.

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103 McClurke, *Taking Care of the Living*., 85.

104 Ibid., 77.

105 Ibid., 76.



### *Suicide & its Aftermath*

Even with the assistance and support of their families and communities, many veterans still experienced severe long-term psychological suffering after the war. The solution many veterans found to assuage this agony was attempting or committing suicide. Many of these veterans struggled for years with suicidal tendencies, which many families dealt with in various approaches. One of the most predominant methods was through proactive preventative measures.

Some veterans with severe mental illness were triggered by sudden stimulus at which point their behavior became erratic. In order to prevent these violent episodes, families would do their best to prevent any unexpected sounds or movements.<sup>106</sup> This would've been an exceedingly daunting task, especially if there were young children in the household. Often, families would take intensive measures including removing anything dangerous from the vicinity in order to prevent veterans from harming themselves or others.

This was the case for Angelo Craspey whose father and stepmother removed all weapons from their rural house in northern Pennsylvania so Angelo would not have access to them. His erratic behavior and suicidal tendencies became so severe that he was excluded from joining hunting parties with his family and friends in fear of his and others' safety. This method backfired when Angelo was left alone while his family was out hunting. Upon finding the hidden stash of firearms, Angelo went out into the woods and shot himself in the head.<sup>107</sup>

Again, constant vigilance was a critical component when caring for veterans

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<sup>106</sup> Dean Jr, *Shook Over Hell*, 137.

<sup>107</sup> Brandt, *Pathway to Hell*, 154.

with suicidal tendencies. Even with constant care families had a difficult time preventing veterans who were severely afflicted with mental illness from preventing suicide. Although his family managed to provide him with stable care, confederate veteran Edward Weeks managed to overdose on morphine pills. Upon finding her husband, Edward's wife sent for doctors to come help but by the time they arrived it was too late and Weeks had passed away.<sup>108</sup>

Other people turned to religion in the hopes of counteracting suicidal tendencies with some veterans. Religious leaders and members of local churches would offer mentally ill veterans spiritual and emotional support.<sup>109</sup> However, religious institutions viewpoints on suicide were polarizing during the reconstruction era. Traditional perception of suicide is that of a sinful act. However, many preachers showed tolerance and understanding towards these men who experienced exceedingly traumatic events often because they themselves had witnessed similar tragedies.<sup>110</sup>

The late 19th century American society experienced a similar phenomenon where suicide did not necessarily carry the same social stigma as it did in the past. This in part is due to the introduction of enlightened education as well as the rise of psychiatric studies and practices in the later part of the century. Some governing agencies recognized suicide as symptoms of poor mental health. The department of the interior, which was the father agency of the pension bureau, did not disqualify all veteran's dependents or wives if their kin had committed suicide. On the contrary they

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108 Miller-Sommerville, "Will They Ever Be Able to Forget," 331.

109 McClurke, *Taking Care of the Living*, 78.

110 Faust, *This Republic of Suffering*, 173-174.

found that “the act of suicide is strong, if not conclusive, evidence of mental disease.”<sup>111</sup> So some next of kin could receive the pensions from veterans who had committed suicide if they could prove it was a result of their combat experience.

This was the case for Union veteran Logan Herod who had committed suicide after a long battle with mental illness. His wife attempted to collect his pension claiming that his health issues were a result of combat. The official review of her claim found that

“the soldier’s death from suicidal mania can be excepted as probable results of [the gunshot wound he received eleven years earlier in the service.]” The review also stated that “testimony shows that the soldier suffered great pain” and that “his mind was shattered” as a result of his injuries.<sup>112</sup>

For many, suicide was often seen as a cowardly act that prevented family members from receiving closure and left them wondering about the eternal fate of their deceased loved ones. Very often, families were publicly shamed for their loved one’s choice of committing suicide. However, the omnipresence of suffering that came with the Civil War change the perspective of suicide for some people. Most families had experienced some sort of loss as a result of the Civil War and civilian and veterans alike struggled to maintain a sense of normalcy. However, for many people grief was the new normal. As death and destruction were so overwhelming in the post war environment, people could at least understand and occasionally sympathize with the loss of a loved one. The omni-present suffering after the war was a shared burden that most civilians and veterans could relate to regardless of the manner of death.

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<sup>111</sup> Dean Jr, *Shook Over Hell*, 158.

<sup>112</sup> Ibid., 160.

### ***Masculinity***

Civil War veterans received psychological care from various sources including family members, friends, neighbors and religious figures. However, veterans were critical participants in restoring a sense of normalcy and psychological balance in their own lives. One of the most predominant areas that veterans fought for their own mental health was restoring their masculinity. Emasculation is not classified as a psychological disorder by modern criteria however it was a major factor in mental illness by 19<sup>th</sup> century standards.<sup>113</sup> Veterans were often greatly affected by the sense of lost masculinity but they managed to recover it in a variety of manners.

Although participating in combat was considered to be one of the most masculine acts males could perform, the Civil War was exceedingly costly for most veteran's virility especially for Southern men. Participating on the losing side, many Southerners experienced a tremendous sense of loss after the war on multiple fronts. In addition to their defeat, the elimination of the slavery system was a major hit to Southern bravado. In the social hierarchy of the antebellum South, white males had a vice grip of power not only over their traditional female conquest but also over the less than human slaves. Viewed as property, slave owners had the right to treat their slaves in whatever manner they pleased. Slavery was the final word in male dominance. This system of dominance was forever changed when slaves were freed forcing white southern males to alter their ideals of masculinity.

Emancipation wasn't the only hit to southern masculinity. The changing roles of females in Southern society also came as a blow for many southern men. The

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<sup>113</sup> Rush, *Medical Inquiries and Observations*, 345-354.

substantial absence of men forced many southern women to become sole supporters of the families. With 20% of the male population having been killed during the war and many more returning permanently injured, the roles of females became more predominant in both the family and the community.<sup>114</sup> With generation of males lost to the war and a new threat of male dominance in the form of newly freed black men, Southern masculinity was incredibly vulnerable after the war.<sup>115</sup>

The ways in which southern males reclaim their masculinity varied with each man. However, white southern society collectively marginalized and disenfranchised African-Americans after the war in order to obtain a sense of dominance. Numerous veterans actively took out their aggression towards African-Americans through physical violence. Confederate veteran Marcellus Cousins returned from the war experiencing severe outburst of violence often frightening his friends and family however his primary target was newly freed African-Americans. Cousins frequently attempted to “commit violence against Negroes” and was later committed after several recurring incidences.<sup>116</sup> This hostile cultural attitude towards African-Americans later became a full-fledged social and political dominance with the introduction of the Jim Crow laws, which again reasserted southern manhood.

The battle over masculinity was not limited to southern veterans. Rather, veterans on both sides felt the need to reassert their masculinity by honoring the heroic sacrifices they made during the war. Veteran organizations like the Grand Army of the

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<sup>114</sup> Faust, *This Republic of Suffering*, 3. McClurke, *Taking Care of the Living*, 67.

<sup>115</sup> Men in the north also experienced this phenomenon as women were incorporated into more areas of society including the job market and the public sphere. Although, this slow transition into public society for women was not as groundbreaking in the North as it was in the South due to the fact that women had been a steady factor in the workforce for years as a result of the industrialized economy of the northern States.

<sup>116</sup> McClurken, *Taking Care of the Living*, 128.

Republic (G.A.R) were established after the war in order to connect veterans, advocate for their rights, represent them in government and, promote their experiences and sacrifices made during the war.<sup>117</sup> The G.A.R became a powerful political force during the later half of the 19<sup>th</sup> century with just fewer than 500,000 members at the height of its career. However, this depiction of civil war soldiers as representing the very essence of masculinity promoted a divide between the Civil War veterans, those who did not participate in the war and the subsequent generations.

The average Civil War veteran came of age in an era that saw war as a positive influence on masculinity. For these men, war was the ultimate test of masculinity and there was no greater war than the Civil War. This perspective created a problem for the next generation of men, as the conventional standards of manhood were impossible to achieve. Although there were several conflicts that ensued during the second half of the century including the Spanish-American War, The Philippine-American War and the numerous Indian conflicts in the western states and territories, all paled in comparison to the Civil War. While honorable their service was, it was nowhere near the caliber to these older Veterans. As many Civil War veterans saw it, they alone were the experts of masculinity and the youth were in debt for the enduring sacrifices veterans had made.<sup>118</sup>

However, this power gradually faded as Civil War veterans as their bodies, the physical representation of their masculinity, weakened with age. Aging veterans were becoming frail and dependent upon assistance. They watched helplessly as their

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117 Rood, Hosea. "The Grand Army of the Republic". *The Wisconsin Magazine of History* 6 (1922): 403–413.

118 Casey, John Anthony Jr. "Searching for a War of One's Own: Stephen Crane, The Red Badge of Courage and the Glorious Burden of the Civil War Veterans." *American Literary Realism*. 44 (2011): 1-22. 2-4.

It should be noted that this is just one perspective and it does not represent all veterans. There is a large body of evidence pertaining to a wide range of perspectives from Civil War veterans regarding war. Many didn't want the next generation to endure the same loss they experienced. In terms of masculinity however, the fore mention response was a major player in this battle of recovering many veterans lost virility.

physical and figurative power became increasingly weaker. To some men, who had been the embodiment of masculinity for decades, becoming weak was worse than death.<sup>119</sup>

84-year-old veteran W.B. McKee was one of these veterans who struggled with the loss of his physical strength so much so that he ended up taking his own life as a result. In 1915, McKee killed himself by “jumping into a cistern and drowned himself.” McKee wasn't believed to be suicidal and authorities were puzzled as to his motives. However the aged veteran was living with his son and he grew increasingly anxious over his chronic loss of eyesight.<sup>120</sup> Illinois veteran Oscar Decamp Taylor was active member of the G.A.R but he had struggled with unemployment for years. As he aged, he became more destitute until he was in near poverty. The prospect of living impoverished and being dependent upon others was too much for Taylor who took his own life in 1902. He was wearing his G.A.R button and holding a letter from Pres. Cleveland thanking him for his valiant service at the time of this death.<sup>121</sup>

In terms of masculinity, the Civil War created a unique paradox for those who participated in it. By 19th century standards, warfare was the ultimate test of manhood. However, the ferocity, carnage, and immensity of the Civil War left many veterans struggling with the identity of their masculinity. Many southern veterans were left reclaiming their shattered masculinity after experiencing the tremendous loss of the war followed by the changing social environments due to the evolving cultural situations,

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<sup>119</sup> Casey, “Searching for a War of One’s Own,” 10.

<sup>120</sup> “Veteran of Civil War Leaps into Cistern and Drowns.” *The Public Ledger*. February 17, 1915. Accessed October 5, 2014. <http://chroniclingamerica.loc.gov/lccn/sn85038022/1915-02-17/ed-1/seq-4/>.

<sup>121</sup> “Veteran Kills Himself: His Poverty Drove Him to Take His Life.” *The Saint Paul Globe*, April 9, 1902. Accessed December 13, 2014. <http://chroniclingamerica.loc.gov/lccn/sn90059523/1902-04-09/ed-1/seq-1/>.

hierarchies, and gender roles. It took years even decades for some of these men to reclaim their masculine identities resulting in an unhealthy psychological state that often sparked negative repercussions.

### ***Coping & Substance Abuse***

Arguably the most predominant trait of mental illness in veterans in the past century has been substance abuse. Veterans often turn to legal and illegal substances to ease their psychological and physical wounds. For many veterans of the past and current wars, this coping method can quickly spiral out of control resulting in a substances abuse problem. Civil War veterans were no exception having battled with abuse and addiction with various substances the most prevalent being alcohol.

During the 19th century, alcoholism was considered to be a masculine disorder.<sup>122</sup> Typically exclusive to men, excessive alcohol consumption was often associated with male bravado. For veterans coping with mental illnesses, alcoholism was an appropriate way to self medicate by 19th century standards. For some, dependency towards alcohol began during the war, as alcohol was a commonly prescribed painkiller as it was easy to obtain. Men who were in a significant amount of pain were given alcohol as a numbing agent. Soldiers would then become condition to treat chronic pain with alcohol, which significantly increased the chances of becoming addicted. One Confederates surgeon confessed “I would wake up cold during the night reach out for a jug of whiskey take a swallow and go back to sleep again.”<sup>123</sup>

For many veterans, this behavior continued in their postwar lives with dire consequences. Some veterans like George N. Washington became suicidal after battling

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<sup>122</sup> Miller-Sommerville, “Will They Ever Be Able to Forget,” 326-327.

<sup>123</sup> Dean Jr, *Shook Over Hell*, 80.



with years of alcoholism while others like Hugh Lewis became extremely violent.<sup>124</sup>

During his binges, Lewis would become violent and would frequently attack his family.<sup>125</sup> For union veteran John Leach, the battle with alcoholism continued decades after the end of the war leaving him destitute. Leach's battle with alcoholism finally came to a close in 1911 when he was arrested for public intoxication at which point he hung himself in his jail cell.<sup>126</sup>

The problem of alcohol abuse became so prevalent that veterans organizations and governmental programs, including the G.A.R and National Soldier Homes, submitted guidelines for their facilities regarding alcohol consumption. These guidelines outlawed the presence of hard alcohol or the intoxication of veterans.<sup>127</sup> For example, The New Jersey Soldier's Home for Disabled Veterans in Newark enforced rules regarding alcohol that included a three strike policy where veterans were this dishonorably discharged from the homes never permitted to come back if they were caught intoxicated on campus three times.<sup>128</sup>

In many communities, veteran's alcohol addiction became a public concern. In some cases the problem is so widespread that it became a social norm. This was the case in King William County Virginia where the men were described as being "dispirited" and as "drinking very hard."<sup>129</sup> Churches would often intervene if members

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124 Miller-Sommerville, "Will They Ever Be Able to Forget," 326.

125 Ibid., 327.

126 "Veteran Hangs Himself in Jail." *The Times Dispatch*, March 31, 1911. Accessed November 4, 2014 <http://chroniclingamerica.loc.gov/lccn/sn85038615/1911-03-31/ed-1/seq-7/>

127 "My Dear Governor." *The People's Voice*, May 16, 1895. Accessed November 4, 2014. <http://chroniclingamerica.loc.gov/lccn/sn85032801/1895-05-16/ed-1/>.

128 "When is a Man Drunk?" *The Morning Call*, July 8, 1894. Accessed October 7, 2014. <http://chroniclingamerica.loc.gov/lccn/sn94052989/1894-07-08/ed-1/>.

129 Miller-Sommerville, "Will They Ever Be Able to Forget," 326.

of the church displayed severe alcoholism. Confederate veterans Frank Gosney, J. Banks and Samuel Chaney were asked to leave the church in Danville, Virginia as a result of their “habitual drunkenness.”<sup>130</sup> Banks, Chaney and the thousands of others who battled with alcohol abuse, became victims of a many-headed monster. Alcoholism became a problem that was used to fix a much deeper and harder issue to address. As a result, the war became a remaining presence in the lives of the victims who in this situation consisted of the veterans, their families and, their communities.

### ***Conclusion***

The long-term ramifications of combat-related trauma are complex, unpredictable and varied. Many Civil War veterans’ lives were forever marred with the experiences they had during the four years of the Civil War. For various reasons, however, seeking professional assistance was not an option for most veterans and the responsibility fell on their families, their communities and themselves. In many situations, it took numerous individuals performing various methods of care to provide the necessary assistance for mentally ill veterans. As a result of providing care for these veterans, most caregiver’s lives were negatively impacted. Even though it was an enormous burden for many people, providing care for disabled veterans was a badge of honor for these civilian family members. Although they did not participate in the war and they were not the only ones who suffered from debilitating physical and mental wounds, they fought and worked to provide an opportunity of rehabilitation for their veterans. Communities united as one in order to heal the collective wounds left by this atrocious war. The actions of these collective groups are evidence of the assiduous

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130 McClurken, *Taking Care of the Living*, 66.

effects of the war but it also displayed the strength and perseverance of human nature.

The ramifications of the Civil War did not cease at the surrender of Appomattox

Courthouse and there was no standard expiration date where things would return to

normal. For these veterans and their families, the end of the Civil War was the

beginning of another persistent battle.

## **Chapter 3: Professional Forms of Care: Governmental Assistance Programs & Institutional Health Services**

Community participation and family support became a critical factor in the mental health care for countless psychologically disabled veterans who were marginalized by the institutional health care system. Yet, this method of care was also limited to those veterans who had families and communities that were able and willing to take on the arduous role of caregivers. These veterans who didn't not have the opportunity to be cared for by informal sources were left with the option of the professional care providers. The primary sources in this sector of care included governmental assistance programs and institutional health services. These services differed greatly from the informal sector primarily by the services that they provided, which included several assistance options that either directly or indirectly assisted veterans with their mental illnesses. The formal options offered veterans with the most up-to-date medical treatments and governmental services available which theoretically provided veterans with the most optimal support and care. The problem for psychologically disabled veterans was that the services that were only available to a specific type of disabled veteran. As a result of this limited accessibility, only a portion of veterans were able to obtain the services.

This chapter will analyze both bodies of professional care for veterans focusing on their relationship with veteran aid, each system's evolution during the 19<sup>th</sup> century and the role they played in mental health care for veterans. Although categorized under the same professional classification, these two systems of support, governmental assistance programs and institutional health services, were vastly different in their

organization, direct application and service goals for veterans. Part I will focus on the institutional health services available to Civil War veterans particularly examining the role of 19<sup>th</sup> century institutionalized mental health hospitals, insane asylums. Part two will examine the governmental veterans assistance programs specifically focusing on the pension programs and soldier homes and their nonconventional relationship with mental health care. Unique in their own approaches, these forms of professional care played an instrumental role in assisting psychologically disabled veterans.

### **Part I: Institutional Health Services**

Veterans who could rely on their families or members of their community for their psychological care had an opportunity to experience a world of holistic mental health support that was reminiscent to the methods used prior to the institutional transition of the early 19th century. Although many veterans utilized this option, this was not the case for all veterans who developed mental illnesses. Many psychologically disabled veterans were placed into the professional sector of psychiatric care during the post Civil War era either because they lacked the opportunity of family and community care or they required more advanced support as a result of the severity of their condition.

For these veterans, their primary source of care would've been the mental hospitals known as insane asylums. These institutions provided more invasive methods of treatment in an isolated setting away from the public. By 19<sup>th</sup> century professional standards, these hospitals were the premiere care option for individuals suffering from mental illness. Behind the hype and optimism of the newly reformed psychiatric field lay the inherent problems that would eventually undermine the entire system of mental

health care leaving many veterans to continually struggle with finding the stability in their own mental health. Part I of this chapter will explore the relationship between psychologically disabled veterans and the 19<sup>th</sup> century insane asylums, how the Civil War impacted these institutions and how the veterans managed to cope with their illnesses in the institutional settings.

As a result, staff members quickly became overwhelmed and were unable to provide patients with the necessary benevolent treatment that was characteristic of the moral treatment.<sup>131</sup> Concentrating large numbers of mental ill individuals created an unstable environment that resulted in violence on behalf of the patients as well as the staff members. Soon asylums had difficulties maintaining employees as a result of a violent nature of the job. The New York City Lunatic Asylum at one point resorted to recruiting inmates from local prisons to serve as asylum attendants.<sup>132</sup> The inherent flaw in the moral treatment created a domino affect that resulted in epic failures for the entire the moral therapy system.

### ***Private Versus Public***

Although the public health system in the United States was evolving into the prominent treatment option, the private market had a strong presence within the mental health care services. This option of care also utilized institutional facilities to house patients but they were more exclusive as the fee of treatment was more expensive. Private asylums became popular in Europe especially amongst the wealthier classes who were either put off by the unsavory reputations of the public asylums or who preferred more exclusive forms of treatment often restricted from the lower

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<sup>131</sup> Grob, *The Mad Among Us*, 92.

<sup>132</sup> Ibid., 94.

classes. Often avoiding descriptions such as lunatic or insane, many of these institutions went under the aliases of Hospitals or retreats. One of the most famous was the York Retreat developed by British Quaker William Tuke.<sup>133</sup>

The private hospitals were typically cleaner, calmer, and smaller than traditional almshouses or poor houses, which mentally ill individuals from lower classes utilized.<sup>134</sup> Private asylums were able to maintain exclusivity by rejecting applicants. The private institutions had the luxury of being more selective with their clientele often rejecting the most severe cases in order to maintain a status. Patients that required long term care were also frequently rejected from private asylums.<sup>135</sup> These institutions worked diligently to provide premier short-term psychiatric services that guaranteed a cure for patients.

These private hospitals were able to provide alternative environments largely because they charged high fees for their service. In 1872, the average weekly expenditures per patient in private asylums came out to be \$10.33 while public asylums paid less than half on its patients averaging \$4.33.<sup>136</sup> Accepting only paying customers also set a precedence of elite status even if that wasn't the case. Many people believed that these institutes were far superior because they could invest more finances towards the care of the patients.<sup>137</sup>

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133 Shorter, *A History of Psychiatry*, 20.

134 Grob, *The Mad Among Us*, 18.

135 Yanni, Carla. *The Architecture of Madness: Insane Asylums in United States*. Minneapolis: The University of Minnesota Press, 2007. 107.

136 Ibid., 106.

137 Ibid., 107.

However, public asylums also charged fees for their services but at a significantly cheaper price. The fees covered the cost of transportation and provisions for the patients.<sup>138</sup> For those who could not afford the fees, the government often provided funding covering the cost. Laws were established in most states that clarified how the funding should be dispensed. Virginia legislation stipulated that the director of the asylum had the authority to make the decisions for funding stating that they had the right "to release the whole or any part of any claim of such asylum.... For the expenses attending the removal, maintenance or care of a lunatic, if he have a family depended on his estate for support... or if in their opinion, it be just an equitable, that the said claim should be so released."<sup>139</sup> These legislative provisions assisted many veterans after the war facing financial difficulties as well as mental illnesses.

Yet, private asylums were not free from criticism. Some of the most elite hospitals occasionally received bad press. In 1872, an undercover journalist for the *New York Tribune* investigated the Bloomingdale Insane Asylum in Manhattan. As Bloomingdale was one of the most prestigious mental hospitals in New York City, people were shocked to learn of the wide scale corruption, the incompetent behavior of the asylum physicians, and the mistreatment of patients by staff members.<sup>140</sup> While private asylums continued to have a steady presence throughout the 19<sup>th</sup> century, many veterans suffering from mental illness utilized the public asylum systems.

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138 McClurken, *Taking Care of the Living*, 139.

139 Miller Sommerville, "Will They Ever Be Able to Forget." 339.

140 Chambers, Julius. "Among the Maniacs." *The New York Tribune*, August 31, 1872. Accessed April 29, 2014. <http://dlib.nyu.edu/undercover/ii-among-maniacs-julius-chambers-new-york-tribune>.



### *Asylums & The Civil War*

During the Civil War, asylums were used for psychiatric, medical, and military purposes. Often when field hospitals became overwhelmed with wounded and sick men, healthy soldiers were quartered at asylums. High-ranking military officials including General Ulysses S Grant and General Benjamin Butler were stationed at asylums during the war. Butler later became the president of the board of the Governmental Hospital for the Insane (GHI) in Washington DC.<sup>141</sup>

The Governmental Hospital for the Insane was a vital operation for the medical care of the psychologically disabled Union soldiers during the war. Built in 1855 as a result of increased advocacy for mental health care reform, most soldiers who were declared insane during the war were sent to the GHI making it the largest hospital for psychologically injured soldiers during the war.<sup>142</sup> For a veteran to be sent to a mental hospital like GHI, they would've had to experience a severe psychological breakdown with little hope of recovery. These veterans who were directly committed to asylums often suffered with chronic or even lifelong psychological consequences.

As a result of the increase in incoming patients, many asylums became overcrowded. In some cases, asylums quickly reached their capacity and we're becoming over populated during and after the war. In 1851 the Association of Medical Superintendents of American Institutions for the Insane decreed that no public asylum, state or federal, should hold more than 250 patients. This number was soon increased after 1865 when the total capacity increased to 600 patients.<sup>143</sup> Smaller asylums also

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<sup>141</sup> Butler, *Letter from Benjamin Franklin Butler*, 628

<sup>142</sup> Barnes, *The Medical and Surgical History of the War of the Rebellion*, 581.

<sup>143</sup> Yanni, "The Architecture of Madness," 105.

noticed the increase in patients after the war including the Milledgeville Insane Asylum in Georgia. Just two years after the war ended the population went from 275 patients in 1865 to 431 patients in 1867.<sup>144</sup>

The overcrowding of many preexisting asylums forced developers to build more hospitals and to keep up with the demand. By the 1880s, there were more than 140 insane asylums in the United States.<sup>145</sup> Veterans were becoming a strong presence in these post-Civil War insane asylums. In the 1866 annual report for the Insane Asylum of North Carolina, 17 patient' prognoses of insanity were believed to be attributed to the Civil War.<sup>146</sup> Between 1861 and 1868, 57 patients were admitted into the Western State Lunatic Asylum in Virginia as a result of mental illness attributed to "the War."<sup>147</sup>

### ***The Chronic & Cured Cases***

Unfortunately many of these psychologically disabled veterans who were committed to asylums did not stay for long. 19<sup>th</sup> century psychiatric placed large emphasis on the curability of mental illness. Numerous physicians of this era believed all mental illness could be cured. Mental illnesses were categorized either as acute or chronic. Asylum doctors would push through cases claiming patients were cured in order to make room for more incoming patients. Often veterans were released from asylums with clean bills of health after spending short periods of time in institutional therapy. Most cases of moderate to severe mental illness would have required extensive long-term care yet in many situations the patients were being released without receiving

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144 Miller Sommerville, "Will They Ever Be Able to Forget," 324.

145 Grob, *The Mad Among Us*, 14.

146 "N.C Insane Asylum" *The Western Democrat*, January 8, 1867. Accessed November, 4, 2014. <http://chroniclingamerica.loc.gov/lccn/sn84020712/1867-01-08/ed-1/seq-2/>.

147 McClurken, *Taking Care of the Living*, 118.

adequate care. Some veterans had positive experiences regardless of the short time frame.

However, This process of treating to cure had devastating consequences including releasing individuals who were not healthy. Veteran C.N. Shannon was one of the victims of this method of care. During the war Shannon experienced significant trauma when he witnessed a man close by take a direct hit from a canon. After this experience Shannon fell into a deep depression and expressed a desire to end his life. Shannon was admitted for his depression and suicidal tendencies but shortly after he was released. The care Shannon received in the Asylum had little effect on his psychological wounds and in 1869 he succeeded in ending his life.<sup>148</sup>

Under these circumstances patients were frequently readmitted after they were initially released. Asylum staff did not see this as a failure but rather indication that patient's mental health fluctuated. In other words, Veterans could be cured then relapse starting the whole process over.<sup>149</sup> This was especially common for veterans who suffered from persistent moderate mental illness as they symptoms were not severe enough that they interfered with daily functions. Some of these constant care veterans were able to benefit from this style of treatment. However, there were also the tragic cases of the repeat patients who greatly suffered and some never recovered. This was the case for Confederate veterans Albinus Snelson who was psychologically wounded during the war. On several occasions, Snelson attempted to take his own life by "jumping from a window or setting himself on fire."<sup>150</sup> As a result of his suicidal

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148 Miller-Sommerville, "Will They Ever Be Able to Forget," 332.

149 Grob, *Mad Among Us*, 99-100.

150 Miller-Sommerville, "Will They Ever Be Able to Forget," 331.

tendencies, Nelson was committed to an asylum. After years of attempting suicide several stints in mental health hospitals, Nelson finally took his own life by poisoning himself in 1871.<sup>151</sup> Even with the threat of suicide looming over many disabled veterans, the standard treatment was often short term.

Although acute cases made up a sizable portion of the patient population many asylums, a substantial amount were chronic cases, which required long-term care. The chronic cases represented the most severe disorders that required extensive care. For these veterans, asylums were optimal as they were able to provide consistent surveillance, which kept patients from hurting themselves and others. It also provided them with shelter, which would've been difficult to come by, and psychologically disabled veterans would have been unable to provide for themselves as a result of their disorder. Essentially all the asylums were was a safe place where severely damaged veterans were placed away from society and out harm. Although it sounds crass, this method of exclusion was often beneficial for the veterans who weren't able to reestablish a healthy psychological state. More than likely these veterans would have had a difficult time rejoining Society as they were unable to secure housing or hold a job. This method of treatment was the most positive aspect of the institutional mental healthcare system.

### ***Conclusion***

The primary source of care for soldiers who experienced significant psychological trauma during the war was mental hospitals or asylums. The treatment remained the same for these veterans who continue to experience severe long-term

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<sup>151</sup> Miller-Sommerville, "Will They Ever Be Able to Forget," 332.

repercussions of their experiences in the Civil War. Unfortunately for them, the psychiatric field was undergoing a unique period in history where the standard of care that has existed for decades has completely failed. The professional psychiatric care that veterans received was mediocre at best.

Even in the midst of all their shortcomings, the asylums were the primary source of treatment for the most psychologically wounded veterans. They provided veterans with an isolated area away from the public where they would not be harmful to themselves or others. Most importantly, these asylums were the only institutions that would treat a veteran or anyone with severe psychological illnesses. Although this is technically a victory by default, it was true that the asylums, even with all their flaws, were the only institution that was dedicated to providing individuals with mental illness some form of care, an option that had not been available to generations of past veterans.

## **Part II: Governmental Assistance Programs**

The mental health care services of the 19<sup>th</sup> century played a visible role in the veteran's psychological health management. Yet their services were fundamentally limited as they could only reach a specific group of veterans consisting of moderate to severe cases with visible or significant behavioral symptoms. As a result, numerous veterans fell through the cracks of the mental healthcare services and were left to either handle it on their own or find another means of assistance. Many of these veterans were able to fall back on the social safety nets via veterans assistance programs established and modified by the Federal and State Governments. These programs became significant components in this system of care that provided for mentally ill veterans and were often the only forms of support veterans received. The programs most involved with Civil

War veterans with mental illness included the pension system and the soldier homes. Although these two systems of veteran assistance were significantly intertwined and followed a similar trajectory, each had their unique qualities that provided distinctive support for psychologically disabled civil war veterans.

It is important to note that mental illness was not the direct focus of either the pension system or soldier homes. Yet these services were established to alleviate a wide range of issues that veterans struggled with which included unemployment, homelessness, and physical assistance. The goal of these assistance programs was to provide blanket coverage for those veterans deemed worthy of assistance and in some cases mental illness was considered to be an eligible cause. Throughout the end of the 19<sup>th</sup> and the beginning of the 20<sup>th</sup> centuries, the qualifications for state and federal assistance evolved allowing more veterans to receive assistance including more mentally ill veterans. This section will focus on the government assistance programs particularly looking at their ad hoc system of evolving qualifications and how they were able to effectively assist psychologically disabled veterans.

### ***Early Governmental Pension Systems & Soldier Homes***

The foundation of government funded veteran assistance in the United States originated in Europe particularly the concept of the soldier's homes. Europe had several famous national soldier homes that dated back to the seventeenth century. France's Louis the XV established the L'Hôtel National des Invalides in 1670 after his country was engaged in several devastating conflicts throughout the 17<sup>th</sup> century including the Thirty Years War and the Franco-Spanish War. This grand building rivaled many wealthy French châteaux with its 16 acres of riverfront views, courtyards, and gardens.

The buildings were fashioned after the latest 17<sup>th</sup> century French architecture and these homes were able to accommodate up to 5,000 soldiers and sailors. The l'hôtel des invalides, as it was popularly referred to, became the international, albeit extravagant, model soldier home.<sup>152</sup>

Not to be outdone, Francis rival England followed with the Royal Hospital of Chelsea, a military asylum built in 1682. Although in the midst of the Glorious Revolution, the English government spent 750,000 pounds to build this institution. However, the Royal Hospital could only accommodate 500 soldiers. As a result of the increasing need to develop more space, the British Government built the Greenwich Hospital in 1705, which primarily accommodating disabled seamen. With capacity to hold over 3,000 inpatient and 2,000 outpatient veterans, the Greenwich Hospital was the largest home for military veterans in England in the beginning of the 18<sup>th</sup> century.<sup>153</sup>

Although modeled after the European system, the US had a different and much more conservative pension system during the early era of the country's history. The Continental Congress passed a law in 1780 that promised additional funding for officers who continue to serve throughout the duration of the war.<sup>154</sup> Even though there were promises made for better compensation, American officers still were under paid by European standard making significantly less than their European counterparts. After the American Revolution however, the government was in a fragile state and it had little authority to tax the people in order to create funds for the officer's pensions. Instead,

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152 Barber, James. *The New Jersey and National Homes for Disabled and Volunteer Soldiers: How They are Cared for*. Washington DC: Governmental Printing Office, 1874. Page 20.

153 Barber, *The New Jersey and National Homes for Disabled and Volunteer Soldiers*, 20.

154 Korb, L. Duggan, S. Juul, P. Bergmann, M. *Severing America's Veterans*. Santa Barbara: ABC-CLIO, 2009. 16.

the government gave officers parcels of land in return for their service<sup>155</sup>

In 1817 Pres. James Monroe proposed expanding the requirements of the pension system to include enlisted service members as well. Enlisted soldiers would receive eight dollars a month from the pension while the officers were allotted \$20.<sup>156</sup> This was a major breakthrough for enlisted servicemen who were typically excluded from governmental assistance programs. However, the pension payments were inconsistent as it followed the turbulent economic trajectory of the new nation.

During the Jacksonian Era the veteran population grew as a result of The War of 1812 and the various conflicts with the Native Americans. As a result, The Bureau of the Pension was established in 1833 as the first governmental organization exclusively focused on providing financial compensation for the nations veterans. However, the bureau was short lived as the Department of the Interior later absorbed this division after the Mexican American War of 1846.<sup>157</sup>

This was also a significant period for soldier homes as the first American institution was established in 1834 in Philadelphia, Pennsylvania. The Philadelphia Naval Asylum serviced disabled veterans of the U.S. Navy. Although considerably less opulent than the European homes, the Naval Asylum was built on the Delaware River providing picturesque views and several acres of numerous gardens.<sup>158</sup> After considerable debate in Congress, the United States Military Asylum was established in 1850 in Washington D.C for disabled veterans of the Mexican American War. From

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<sup>155</sup> Korb et la., *Serving America Veterans*, 16-17.

<sup>156</sup> Korb et la., *Serving America Veterans*, 17.

<sup>157</sup> Ibid., 17-18.

<sup>158</sup> Kelly, Patrick. *Creating a National Home: Building the Veteran's Welfare State 1860-1900*. Cambridge: Harvard University Press, 1997. 12-13.



1851 to the start of the Civil War in 1861, 500 veterans were housed at the U.S. Military Asylum. Although it was a relatively small operation, the elegant landscape of the asylum attracted many tourists including the Lincoln family.<sup>159</sup>

### ***The Impact of the Civil War***

The Civil War created an enormous problem for the government's veteran assistance programs already in place during the mid 19<sup>th</sup> century. The most significant problem the government faced was the massive increase of the veteran population after the Civil War. Prior to the 1861, there were approximately 10,700 veterans with an overall governmental expenditure of almost 1 million dollars. After the war there was a total of 1.9 million qualified veterans with 126,722 veterans and widows receiving a pension at a cost of over 15 million dollars.<sup>160</sup> This was an excessive burden for a government that had just spent over 200,000,000 dollars during the four-years of the war.<sup>161</sup>

Along with the initial capital cost came the collateral damage of the war, which ironically came with a high-priced tag. The southern states were heavily devastated during the war leaving thousands of acres of farmlands and major cities, like Atlanta, Richmond, and Savannah utterly destroyed. There was the additional cost of introducing and incorporating over 4 million newly freed slaves into society as well as the economic ramifications of losing the slave centered economy which had subsidized agrarian system in the southern states. Although the southern veterans did not officially receive benefits from the federal pension or assistance programs, the

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<sup>159</sup> Kelly, *Creating A National Home*, 13.

<sup>160</sup> Korb et al, *Serving America Veterans*, page 18. These figures exclude the Confederate Veterans.

<sup>161</sup> Ibid., 16-17.

United States government subsequently absorbed some of the burden left on the southern states leaving little room for substantial federal compensation in other areas.

### ***The Evolution of the Pension System***

During and immediately after the Civil War, the pension became the primary governmental benefit tool for veterans although it heavily excluded the vast majority of them. The standard rate of payment followed the system used prior to the war with enlisted men and officers receiving set base amounts. In order to qualify to receive a pension, veterans had to have been honorably discharged, wounded during service, were disabled from said wound, and they had to provide evidence verifying all three incidents. That meant immediately after the war veterans who were not physically wounded during service did not qualify to receive pensions. Although these requirements significantly limited the financial support the government could provide, all Union veterans received high preference for employment in the federal and state governments.<sup>162</sup>

In order to accommodate the increasing veteran population, the government began making alterations to the current programs immediately after the war in order to best serve as many veterans as they could feasibly support. One new supplement of compensation provided by the government included additional lump-sum payments provided to physically disabled veterans who lost limbs during the war. Throughout the duration of the war, over 60,000 amputations were performed with an estimated 35,000 men surviving the procedure.<sup>163</sup> Thousands of men were missing legs, arms, hands, fingers, toes and other appendages. This new program would provide veterans a flat rate

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<sup>162</sup> Kelly, *Creating A National Home*, page 3.

<sup>163</sup> Herschbach, *Fragmentation and Reunion* 95.

for every body part they lost while in service. By 1870, the government provided over 7000 limbs: 3,981 legs, 2,240 arms, 55 hands, and 9 feet, at a cost of over \$500,000.<sup>164</sup> Certain body parts were awarded higher payouts than others. For example a veteran who lost a leg received \$75 while a veteran who lost his arm would receive \$50. This system of compensation was also popular in the southern states although confederate veterans received smaller payments from their state governments, as they didn't qualify for any federal aid having fought for the rebellion.<sup>165</sup>

During the second half of the 19th century, legislation was established that significantly influenced and expanded the qualifications of eligibility for receiving pension payments. In 1873, Congress passed a law that provided better compensation coverage for the children and wives of deceased veterans.<sup>166</sup> Prior to this law, wives were included in the pensions, however once a widow remarried she was disqualified from the benefits of her deceased husband. This law also provided financial insurance for orphan children who lost parents during the war. The Arrears of Pension Act of 1879 allowed the current pensioners to receive back pay starting from the exact date they were discharged.<sup>167</sup> This act also provided non-pensioners with the option to reapply for financial benefits if they were declined at first. Additionally this act allowed non-pensioners to reapply for financial benefits if they were initially declined. This act added nearly 140,000 veterans and dependents to the governmental pension payroll. Unfortunately the federal pension offices quickly became overwhelmed with the

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<sup>164</sup> Herschbach, *Fragmentation and Reunion*., page 99. Kelly, *Creating a National Home*, page 56.

<sup>165</sup> Herschbach, *Fragmentations and Reunion*, 97.

<sup>166</sup> Korb et la., *Serving America's Veterans*, 24.

<sup>167</sup> McConnell, Stuart. *Glorious Contentment: The Grand Army of the Republic 1865-1900*. Chapel Hill: University of North Carolina Press, 1992. 145-146.

amount of new applications causing a significant backlog of acceptance and payments.<sup>168</sup>

This increase in the pension budget made many politicians uneasy. Even with the opposition, the Dependent Act of 1890 was passed which significantly expanded the requirements of admission into the pension program. This act allowed disabled veterans to collect pensions regardless of when they received their injuries so long as they served a minimum of 90 days and were honorably discharged from service. This bill added a tremendous number of new pensioners to the system increasing the total population to just under a million people by 1893.<sup>169</sup>

The most significant act of this ad hoc period of governmental veteran assistance was the Sherwood Act of 1906. This legislation provided universal pension coverage to all veterans who were honorably discharged, regardless of health, once they reached the age of 62.<sup>170</sup> This was the most important piece of legislation created for Civil War veterans who were psychologically wounded as there was no longer a need for physical injuries or evidence pertaining to how one received those said injuries in order to qualify for pension services. There would no longer be extensive reviews, which required evidence of physical injuries, which many of these veterans may not have acquired during the war yet their struggles were nonetheless substantial. Through the trials and errors made by the government during the second half of the century, all honorably discharged union veterans would receive the recognition and compensation entitled to them.

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<sup>168</sup> McConnell, *Glorious Contentment*, 146.

<sup>169</sup> Ibid., 153.

<sup>170</sup> Korb et al., *Serving America's Veterans*, 20.

These collective acts had a paradoxical identity in the 19<sup>th</sup> century American society. One perspective saw all these acts as a refutable gesture of gratitude for the millions of men who made the sacrifice to fight for their country. This was especially the case for veterans who were significantly disfigured as a result of the war. However, there were factions of individuals, especially the governmental bureaucrats, who thought these assistance programs were a great burden on an already struggling nation. Tensions rose in the government and society in the later half of the 19<sup>th</sup> century as more veterans started qualifying for federal aid. Regardless of the thoughts and feelings towards the government's financial expenditures, the government was able to successfully establish programs that increasingly benefited the men who sacrificed their physical and mental health in order to preserve the Union. With these acts, the era of the limited and insufficient pension system was eliminated and the new period of veteran care was born.

### ***The Evolution of the Soldier Homes***

One of the greatest impacts the Civil War had on the preexisting veteran's assistance program included the expansion of the federal and state homes. The federal government's overwhelming financial obligations and the growing demand from Union veterans perpetuated the state governments to construct their own homes. The overall goal of these homes was to provide shelter to veterans who were severely disabled by the war. Veterans were provided with food, shelter and medical care along with other sizable comforts including facilities with picturesque gardens, leisure activities, and even indoor plumbing in some locations, a rare luxury during the 19<sup>th</sup>

century<sup>171</sup>

In March 1866, Congress passed plans to establish the first of several new federal homes for disabled veterans in Togus, Maine.<sup>172</sup> Twelve more branches separated by geographical locations were opened from 1866 to 1930. Along with the 12 Federal homes, numerous state facilities were also constructed in order to accommodate the growing number of veterans who needed assistance. In 1866, the Newark Soldier's Home for Disabled Veteran Soldiers was opened with a total construction bill coming out to \$14,530.54. For the first year the rations given to each inmate cost an average of \$.35 and the average cost-of-living, which included clothing, provisions, fuel and lighting in the first five months of the homes existence was \$.65. Even though the construction cost came in significantly under budget, over \$34,000, the expenditures for the first five months took up \$7,757.58 of the 10,000-dollar annual budget.<sup>173</sup> The Newark home was a respectable size averaging from a total population from 1872 to 1887 of 742 veterans however many of the federal locations would've been twice or even three times the size.<sup>174</sup> The bills for these larger federal locations would have been significantly higher with higher maintenance fees as well.

Many of the state's soldier homes were built from the foundations of the temporary field hospitals used during the war. The state soldier's home in Newark, New Jersey was established from the hospital built in 1862 as an overflow location for the Philadelphia, Baltimore, and Washington DC hospitals. In 1863, Marcus Ward, a New

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171 The New Jersey Home for Disabled Soldiers. *Report of the New Jersey Home for Disabled Soldiers to the Senate and General Assembly for the year 1866*. Trenton: The Publishing Office of the Star Gazette, 1866. 1-27.

172 Ibid., 7-9.

173 The New Jersey Home for Disabled Soldiers, *Report of the New Jersey Home for Disabled Soldiers*, 1.

174 The New Jersey Home for Disabled Soldiers. *Annual Reports from the New Jersey Home for Disabled Soldiers Newark, New Jersey, 1872-1887*. Trenton: The Publishing Office of the Star Gazette, 1872-1887.

Jersey politician and the future governor of the state, began petitioning the state government in order to establish a permanent location for a hospital specifically aimed to serve disabled veterans. Ward's plans were approved in March 1865 and the permanent location was opened in July 1866.<sup>175</sup>

The facilities of the homes ranged in size and opulence depending on the funding provided, however most homes had similar features. Most soldier homes had administration buildings, kitchens, dining rooms, hospital wings or buildings, and dormitories for the veterans. Other features in the larger homes included libraries, chapels, assembly rooms and stables. In the later years, homes featured laundry rooms and indoor bathrooms.<sup>176</sup>

The size of each facility varied greatly, which determined how many veterans could be accommodated. In 1870 the federal branches held over 3,200 disabled veterans.<sup>177</sup> The state homes had a much more modest population. From 1872 to 1887, the New Jersey home for disabled soldiers in Newark had an average of 742 veterans.<sup>178</sup> Requirements for being admitted into either a federal or state soldier home following the Civil War mirrored those of the pension programs. Veterans who had been dishonorably discharged were not permitted in the homes. Veterans who were honorably discharged had to be physically disabled and they had to prove their injuries were results of combat. Those who couldn't meet the criteria were not permitted

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175 The Grand Army of the Republic. *The 54th Department of Encampment Yearbook & Roster of the GAR NJ 1921*. Trenton: MacCrellish & Quigley Books & Job Printer 1921.

176 Botticher & Baldwin Architecture. *Specifications for the New Jersey Home for Disabled Soldiers at Kearny*. Camden: Cresse & Smith Book and Job Printer 1887.

177 Korb et la, *Serving America's Veterans*, 18.

178 The New Jersey Home for Disabled Soldiers, *Annual Reports from the New Jersey Home for Disabled Soldiers Newark, New Jersey, 1872-1887*, 1.

entrance into the homes during the early period. This was a significant problem, as the majority of veterans could not meet the standards of admission for either the pension or the soldier homes in the few years after the war. Over 2.2 million men served in the war, and of that number it is estimated that 476,000 men were disabled during the war. Factor in the 750,000 men who died and that leaves roughly 974,000 veterans who did not qualify for governmental assistance immediately after the war.<sup>179</sup> While veterans were able to attend soldier homes after decades of legislation reform, countless others fell through the cracks prior to the 1906 landmark legislation opening the homes to all honorably disabled veterans.

### ***How Soldier Homes Operated***

The federal and state homes for soldiers had strict rules and regulations for the veterans living in the facilities. All homes had militarized characteristics that were reflected in the daily routines and activities of the homes. Veterans were addressed as inmates and were expected to follow a rigid daily schedule that included a bugle wake up call at 7 o'clock, inspections, roll call, and work duties.<sup>180</sup> All meals were served at designated times, breakfast at 9 AM, lunch at 12 PM, and dinner at 6 PM, and no food was to be taken outside the dining hall.

Inmates were not allowed to leave the premises without permission or a grant of furlough. There were visiting hours usually held twice a week and all visitors were required to pass through security prior to their meetings.<sup>181</sup> Inmates were not permitted

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<sup>179</sup> Korb et al., *Serving America's Veterans*, 19.

<sup>180</sup> The New Jersey Home for Disabled Soldiers, *How They Were Cared For*. Trenton: MacCrellish Quigely State Printers Post Office. 54.

<sup>181</sup> The New Jersey Home for Disabled Soldiers. *By-laws & Rules & Regulations of NJHFDS Kearny, NJ*. Camden: Cresse & Smith Book and Job Printer, 1887.



to drink liquor on the grounds or in any of the homes and buildings. Disobedience, fighting, noncompliance with the rules and use of vulgar language or profanity was forbidden and were grounds for dismissal in some situations.<sup>182</sup>

By today's standards, these homes were similar to modern military institutes and, in some ways, detention centers. However, the homes could also be tranquil at times. Those who could not work enjoyed their downtime either by reading at the library, enjoying the views of the grounds or playing games including cards in chess.<sup>183</sup> The homes also provided inmates with rations of tobacco, thread, needles and cards so they could enjoy their downtime.<sup>184</sup> Ironically, soldier homes provided a more optimal environment for the predominate moral treatment as the facilities were typically cleaner, they were far less over populated than most asylums, and they provided veterans with the tranquil yet structured environment which was essential for the therapies success.

A board of directors controlled the management of both state and federal homes. Consisting of 12 members, the board was typically made up of politicians, military personnel, and veterans. The board enforced all the laws, rules, and regulations of the homes. Employees with in each home, including the superintendent, adjunct general, chaplain, and surgeon, were chosen by the board, as were their salaries. The board developed additional amendments to the original bylaws and occasionally they'd created specific rules to address specific issues occurring in individual homes.<sup>185</sup> For

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182 The New Jersey Home for Disabled Soldiers, *By-laws & Rules & Regulations*, 9 & 14.

183 The New Jersey Home for Disabled Soldiers, *How They Were Cared For*, 55.

184 New Jersey Chapter of the Grand Army of the Republic. *Grand Army of the Republic New Jersey Committee on Soldier Homes Report Submitted to XI Annual Encampment of the Department of New Jersey G.A.R.* Trenton: John L Murphy, Book and Job Printers, 1878. 6.

185 The New Jersey Home for Disabled Soldiers, *By-laws & Rules & Regulations*, 8.

example after experiencing problems with veterans frequently becoming drunk, the soldier home in Kansas passed a law that forbid the consumption of beer which was often allowed in most soldier homes.<sup>186</sup>

These boards were not free from scrutiny or corruption. Often personal or business interest factored into the decision-making processes of the board members. Often the men hired for the job had some sort of affiliation with a board member. Unfortunately several of the appointed employees at the homes took advantage of their situation. As a result of the growing consciousness of the corruption in soldier homes, the Grand Army of the Republic (G.A.R), the largest and most powerful veterans organization, increasingly voiced their opinion on the appointed employees of both state and federal homes.<sup>187</sup>

### ***Government Assistance Programs & Mental Illness***

It is a fact that soldier homes we're not in the business of caring for psychologically disabled veterans. Severe cases were transferred to insane asylums, however the homes did you treat some veterans with mild or moderate mental illness. At the conclusion of the war, the psychologically disabled veterans who received assistance from the homes would've arguably then some of the more significant cases of mental illness as they were expected to fit the standard criteria for admission at its strictest point, which required physical injury as well. These men would have suffered greatly with both physical and psychological wounds, which required considerable care. Due to their combination of injuries and need for immediate assistance, the population of psychologically disabled veterans in the soldier home system in the early years after

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<sup>186</sup> "When is a Man Drunk?" *The Morning Call*. July 8, 1894. Accessed October 7, 2014. <http://chroniclingamerica.loc.gov/lccn/sn94052989/1894-07-08/ed-1/>.

<sup>187</sup> McConnell. *Glorious Contentment*, 1.

the war often represented the most significantly damaged veterans who were not in long term asylum care.

Reports conducted by the New Jersey Chapter of the Grand Army of the Republic in 1878 found that the average age of the inmates in the Newark home was 45 years old.<sup>188</sup> Even by 19<sup>th</sup> century standards, 45 was not considered to be an excessively old age. The report goes on to state that "this age in life when applied to the veterans and disabled soldiers, who's constitutions are broken down and premature by gray hairs and decrepitude ushered in by what was entitled through exposure and hardships, incidents to active campaigns, means more than 45 years to ordinary men in civilian life. Its significance was nearer to 60 years."<sup>189</sup> These veteran's wartime experiences predisposed them to premature constitutional breakdown and decrepitude demonstrating how war can have long term and severe negative repercussions on ones physical and mental health. As a result of their extensive wounds, soldier home veterans required extensive and consistent care.

Similar to the families in chapter 2, staff at the soldier homes was required to monitor the inmates and keep them on schedule every day. This was particularly important for psychologically disabled veterans who if left alone could be a danger to themselves and others. This was the case for veteran Peter McGrath, a mentally ill veteran, who was housed at the Leavenworth Soldier Home in Kansas. While left unattended, McGrath managed to open a three-story window at which point he

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<sup>188</sup> *G.A.R Report of 1878*, 5.

<sup>189</sup> *Ibid.*, 5.

proceeded to jump out and he fell to his death.<sup>190</sup>

Although soldier home physicians did not primarily treat veterans for psychological disorders, they did make note of inmates who suffered from insanity. From 1872 to 1887, there were seven cases of insanity reported at the New Jersey Home for Disabled Volunteer Soldiers in Newark.<sup>191</sup> Even though the primary focus of the homes was to provide assistance for physically disabled veterans, the soldier homes also provided an impromptu environment of healing based on the popular theories of psychological treatment during the 19<sup>th</sup> century. Insane asylums were developed to provide patients with tranquil environments and moral structure in order to heal mental neuroses.<sup>192</sup> Most asylums failed to provide patients with these essential elements healing as a result of overcrowding, insufficient facilities or unqualified staff.

While many of the soldier homes also failed to meet the tranquil nature required for psychological healing, the environments were far less hostile in comparison to most asylums during the later half of the 19<sup>th</sup> century. Often Soldier homes were better options for individuals suffering with mental illness. However, these homes were reserved for physically disabled veterans. The psychologically disabled veterans who made it into the soldier homes had to display a physical ailment as well. The criteria for admission to the soldier homes marginalized a substantial portion of the veteran population continuing to limit their access to the benefits of governmental assistance until 1906 when the criteria was expanded to age requirements.

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190 "Kansas State News." *The Kansas Agitator*. July 21, 1891. Accessed May 18, 2015. <http://chroniclingamerica.loc.gov/lccn/sn83040052/1891-07-21/ed-1/seq-3/>.

191 The New Jersey Home for Disabled Soldiers, *Annual Reports from the New Jersey Home for Disabled Soldiers Newark, New Jersey, 1872-1887*, 1.

192 Grob, *The Mad Among Us*, 27.

When a veteran's mental illness became too severe or when the homes became overpopulated with the mentally ill, they would often transfer them to insane asylums. In 1896, 25 veterans suffering with mental illnesses were transferred from the Leavenworth Soldier Home into an insane asylum located in Washington D.C.<sup>193</sup> Four years later, 18 more mentally ill veterans were again transferred to Washington. Finally in 1906, Leavenworth transferred 12 more veterans suffering with mental illness to D.C.<sup>194</sup> In ten years, one state soldier home transferred 55 mentally ill veterans proving that psychologically disabled veterans were able to gain admission but also had difficult times keeping their place in the homes. For those who managed to stay, the soldier homes were able to provide psychologically disabled veterans with food, shelter, and medical treatments.

The soldier homes provided veterans with the essentials needed for survival. This service was of great importance for many veterans with mental illness as many were unable to provide for themselves often becoming destitute as a result. The other half of the government assistance services, the pension program, alleviated some of the financial burdens that many psychologically disabled veterans experienced. Although, the pension system only provided veterans with financial compensation, in many cases pension services kept many veterans and their families out of poverty. In terms of mental illness, the pension system was less interactive with psychologically disabled veterans than the soldier home services, however the pension system was more inclusive providing more opportunities for assistance. Where the pension system varied

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193 "Kansas News." *The Topeka State Journal*, July 23, 1896. Accessed May 18, 2015. <http://chroniclingamerica.loc.gov/lccn/sn82016014/1896-07-23/ed-1/seq-3/>.

194 "These Veterans Insane." *The Topeka State Journal*, April 30, 1906. Accessed May 18, 2015. <http://chroniclingamerica.loc.gov/lccn/sn82016014/1906-04-30/ed-1/seq-2/>.

and became important for mentally ill veterans was the compensation it provided for the families particularly who had lost loved ones as a result of their psychological disorders.

The Department of the Interior, the governing body that controlled the pension system, did not disqualify all veteran's dependents or wives if they had committed suicide. Rather, cases were reviewed in order to best determine if that particular veteran met the criteria of a deserving disabled veteran. The families still had to go through the process of providing evidence to link their illnesses to their combat experience. The pension review agencies often found that "the act of suicide is a strong, if not conclusive, evidence of mental disease." In these situations where mental illnesses were attributed to wartime experiences, the next of kin could receive the pensions from veterans who had committed suicide.<sup>195</sup>

This was the case for the family of Union veteran Logan Herod who had committed suicide after a long battle with mental illness. His wife attempted to collect his pension claiming that his mental health issues were a result of combat. The official review of her claim found that "the soldier's death from suicidal mania can be excepted as probable results of [the gunshot wound he received eleven years earlier in the service.]" The review also stated that "testimony shows that the soldier suffered great pain" and that "his mind was shattered" as a result of his military experience.<sup>196</sup>

The vast majority of the psychologically disabled veterans did not receive financial compensation from the pension system in the years immediately following the end of the Civil War. Not until 1906 when the pension system adopted the universal acceptance policy upon reaching a certain age, in this case 65, did most mentally ill

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<sup>195</sup> Dean Jr, *Shook Over Hell*, 158.

<sup>196</sup> Ibid., 160.

veteran receive financial aid.<sup>197</sup> For many of these veterans it was too little too late by 1906, as most of them had spent their lives struggling with their disorders often leaving them destitute. Impoverished disabled veterans became such a common occurrence that the G.A.R made it a point to address this issue at their meetings. In the bylaws and regulations, it was mandatory at every G.A.R meeting to ask if anyone had knowledge of a veteran who was in distress or in need of assistance.<sup>198</sup>

Although many psychologically disabled veterans were unable to meet the criteria for eligibility in the pension system or soldier homes, the governmental assistance programs played a crucial role in the mental health care for civil war veterans. The number of mentally ill beneficiaries did indeed start out small, However the criteria for eligibility didn't loosen throughout the second half of the 19th-century as a result of politicians, Advocates, And the veterans themselves fighting for a Change the system. Most importantly these programs had a symbolic presence but let the veterans as well as their families know that they were not entirely alone in their struggles. Even though many veterans fell through the cracks of these programs, they nevertheless remained a consistent presence in society as well as the lives of many veterans.

### ***Conclusion***

The mental health care provided by the professional services after the Civil War offered veterans with a variety of options that were both extensive yet limited. The service options available from governmental and institutional healthcare providers included financial, medical, and housing assistance opportunities. Although these

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<sup>197</sup> Korb et al, *Serving America's Veterans*, 20- 21.

<sup>198</sup> The Grand Army of the Republic of New Jersey. *Bylaws of the Winford Scott post no. 73 Grand Army of the Republic Department of New Jersey*. Plainfield: Advertiser Printing House, 1881. Page 9.

services were undoubtedly the most extensive forms of support available during the 19th century, they were only accessible for a select number of veterans.

The institutional healthcare services provided by insane asylums largely benefited psychologically disabled veterans suffering from severe mental illness. Veterans who experienced mild to moderate psychological illnesses generally did not receive assistance from mental institutions. Governmental assistance programs provided veterans with the greatest opportunities of receiving support with its multifaceted approach consisting of the soldier homes and pension systems. However, the services were only available to veterans who met the criteria of a worthy beneficiary. For psychologically disabled veterans who also experienced physical injuries, these services were excellent opportunities to address one's psychological and medical needs. The rest of the veteran's population who did not meet the qualifications was marginalized from any type of professional services.

The professional sector of mental health care indeed had significant flaws that allowed countless veterans to fall through the cracks significantly jeopardizing their physical and mental health. Yet, these services remained a critical factor in the mental health care of numerous veterans. Throughout the second half of the 19th century politicians, advocates, and veterans fought to expand services in order to provide more veterans with assistance opportunities. As a result, the veteran assistance programs continually evolved allowing more veterans to qualifying for support. This system of governmental support developed by and for Civil War veterans paved the way for the modern Veterans Administration. Most importantly the professional sector of care was a



physical embodiment of the gratitude for veterans acknowledging that the sacrifices they made to their country were not forgotten.

## **Conclusion**

For psychologically wounded Civil War veterans, their experiences with mental health care were conflicting throughout the 19<sup>th</sup> century. As a result of the lack of centralized organization, psychological services and governmental aid were conducted separately and without substantial collaboration. These two systems of care had distinctive characteristics emphasized by their target beneficiaries and in the services they provided. Yet, both played a crucial role in mental health care of psychologically disabled veterans. However, the disjointed nature of this ad hoc field of mental health care often disenfranchised veterans coping with mental illness. Even so, the Civil War was a unique event in American history that magnified the problems with 19<sup>th</sup> century mental healthcare, yet had positive effects on the system of veteran's aid as it perpetuated growth and diversification of the sources of support. The epicenter of this evolution was marked by the war itself as the attitudes and treatments of mental illness in the context of combat gradually evolved, shaping the foundation of later care.

This evolution began with the military officers and physicians whose polarized attitudes toward mental illness mirrored the ambiguity of 19th century mental healthcare. Military personnel expressed a range of positive, negative, and indifferent attitudes towards combat related mental illness affecting whether or not soldiers received assistance. However, the vast majority of severe symptoms that resulted in massive psychological breakdowns leaving soldiers incapable of continued service were typically treated with prompt response. This standard of limiting treatment to the severest cases carried on into the postwar era setting the grounds that divided the formal and informal sectors of mental health care.

Continuing with the trend of restricting accessibility, the two bodies that made up the professional healthcare services played a unique role in providing psychologically disabled veterans with limited yet extensive support. The asylum system provided veterans with the, by contemporary standards, premier mental health services of the 19th century. Although these were the optimal services available, they were limited to veterans with severe cases of mental illness or veterans who could incur the corresponding financial burden.

The second element of the professional health care services was comprised of the governmental veteran's assistance programs, which included soldier homes and pension systems. Although these programs were not solely established to directly address the mental health crisis, they played a significant role in providing disabled veterans with financial, medical, and housing assistance. Even though the services were limited by strict qualifications required for acceptance, psychologically disabled veterans were able to receive aid from these programs, which greatly impacted the quality of life for many veterans and their families. Although most veterans did not qualify for these services immediately following the war, several decades of legislative work gradually increased the amount of veterans who qualified providing them with the critical opportunities to receive the support services. What is interesting about this particular form of the professional mental health services is that it is not typically associated with the traditional standards of mental health care yet the pension system and soldier homes provided numerous psychologically disabled veterans with substantial assistance.

The veterans who did not qualify for the professional services found ways

around the shortage of support by turning to informal sources of aid consisting of community and family care. Considered to be primitive options of mental health care by mid 19<sup>th</sup> century standards, family care and community assistance provided disenfranchised veterans with opportunities of assistance and care that were otherwise restricted. This form of care became an important social safety net for the majority of veterans who experienced mild to moderate psychological symptoms who did not qualify for institutional or governmental support.

However, this method of home care came at a great cost for many caregivers especially the family members who were expected in many cases to provide veterans with substantial care including constant vigilance and employ physical restraint when veterans experienced fits of violent behaviors. Tragically, some situations became dangerous when psychologically disabled veterans became domestically violent and took their frustrations out on their families. Even with these tragic examples, families and communities were willing, obliged in some cases, to make the sacrifices to help their stricken veterans. Unfortunately Mental illness was a limited topic of discussion in the public sphere during the 19th century as a result of a general lack of awareness and understanding of the subject. However, when tragedy struck in the form of the Civil War and young men returned home broken and disabled because of the psychological trauma experienced during the war, some communities and families banded together in order to address the issues at hand.

How frequently informal care like this occurred after the Civil War will probably never be fully known, yet that does not mean research on the subject should be halted. More extensive work looking into the community involvement in veteran's aid

would benefit the field of study by solidifying its presence as a source of support and emphasizing the importance of their participation. Studies like these are vital not only for the historical context but also as testament to our ability to care for the traumatized individuals who are often and inaccurately labeled as nuisances, even in an era of misinformation like the 19th century.

Perhaps the greatest lesson learned from the Civil War experience with mental health care was the importance of extensive services for veterans. In most cases, professional services were limited to the severest cases or were reserved to veterans who fit certain criteria. As a result the mental health care of the Civil War veteran was informally expanded in order to provide more services to psychologically disabled veterans. It became an amalgamation of a variety of support systems each providing a unique service that benefited a specific type of veteran. This example of mental health care in the Civil War indicates the importance of collaborative efforts of care on numerous levels including social, medical, and governmental fronts. Awareness in society and community involvement with mental illness prevents veterans from being ostracized and feeling as though they are a social pariah. Incorporating an extensive array of service options, including holistic and conventional therapies, cast a wider net of treatments that will appeal to more individuals prompting them to participate in services.

The amount of veterans who were excluded from critical support will never be known. However, it is safe to assume that these exclusionary policies affected the quality of life for many veterans not to mention their families, the commonly forgotten victims in these situations. Even with this wealth of knowledge, today's modern

veteran's mental health care programs adhere to the same technique that jeopardized the mental health of countless Civil War veterans. In many cases, soldiers and veterans alike aren't seen for treatment or pulled from services until they display significant symptoms of mental illness. When they do get treatment, it is often a response that emphasizes pharmaceutical interventions. Unfortunately, the psychological services of the modern era are displaying the same disastrous characteristics that marginalized thousands of Civil War veterans from proper care, forcing them to either find alternative methods of care or allowed them to suffer with their disorder for the rest of their life. It's too late to help Logan Herod, John Davis, Luman Tenney, or the thousands of other psychologically wounded Civil War Veterans but there is chance for today's veterans if we learn the lessons from the past.

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