25. Mary C. Berry Papers, Special Collections, University of Arkansas Libraries.

26. Ibid.; Eulogy from member of Benton Bar Association, James C. Berry Collection, Special Collections, University of Arkansas Libraries.


“Will They Ever Be Able to Forget?”

**Confederate Soldiers and Mental Illness in the Defeated South**

**DIANE MILLER SOMMERVILLE**

Although the cessation of fighting brought Confederate men back to their homes, the reuniting of Southern families and the resumption of life after war proved challenging as Southern men and women, affected by war, struggled to reconstitute their marriages, families, and communities. Southern men who had served in the military and who were lucky enough to have escaped death returned to the home front with physical and emotional scars that hampered a return to anything resembling a “normal” life. Of course we now recognize that veterans suffered effects of a variety of physiological and psychological ailments, including post-traumatic stress disorder (PTSD), a psychological condition little studied and understood until the Vietnam War. The disorder is defined as “a delayed stress syndrome which is caused by exposure to combat and can produce symptoms of rage, guilt, flashbacks, nightmares, depression, and emotional numbing, and can lead to a variety of grave social and psychiatric problems.” Manifestations of PTSD – alcoholism, violence,
and mental illness— took root in the households of the postwar South and created additional challenges for life in the defeated South.\(^2\)

Too little scholarly attention has been paid to the psychological suffering of Civil War veterans and its impact on postwar households and families. Noted Civil War historian James M. McPherson acknowledges that while much has been written about Civil War soldiers, “their postwar history has been relatively neglected.”\(^3\) Chastising social historians twenty years ago for ignoring the impact of the Civil War on its veterans, Maris Vinovskis rued that almost “nothing has been written about the postwar experiences of Civil War veterans.”\(^4\) Only one monograph to date focuses on Civil War soldiers and the effects of war on their psychological health. Moreover, disproportionate attention is paid to Northern soldiers and their experiences, leaving us with virtually no examination of the psychological experiences of Confederate veterans. Even a cursory view of sources shows what is certainly obvious to anyone with twenty-first-century sensibilities: that Confederate soldiers greatly suffered from the trauma of war. Eric Dean’s important book, *Shook over Hell*, breaks new ground in challenging claims that situate the emergence of PTSD in twentieth-century wars (especially the Vietnam War) and rightly asserts that soldiers from earlier wars—namely the Civil War—suffered significant long-term psychological harm. Many of my findings bolster Dean’s very original, weighty claim.

But because my focus is on the South, I take this argument further by suggesting that Confederate veterans suffered even greater psychological damage than their Union counterparts. For one thing, a higher percentage of Southern men than Northern men fought—and died—in the Civil War so more of them were exposed to battlefield trauma.\(^5\) Confederate armies were more apt to be ill-clothed and ill-fed. Their nation and peoples experienced shortages far greater than those in the North, likely contributing to morale problems as well. Most military engagements took place in the South, which sustained widespread physical destruction in places. Many soldiers returned to find their homes demolished or in ashes, their fields in ruin. And unlike their Northern counterparts, Southern veterans and their dependents received no federal pensions to provide even minimal financial assistance.\(^6\) Finally and importantly, Southerners lost the war. Unlike Northern soldiers who returned home claiming victory, Southern soldiers recoiled in humiliation. The chief form of wealth, slaves, had been stripped from them along with suffrage and political rights. Southerners were now a subjected people. Trauma born of battle, personal loss, and defeat combined to make reintegration into family life challenging at best and at times impossible for soldiers.\(^7\) Many a Southerner, like teenaged Floridian Susan Bradford, witnessed the bittersweet homecoming of male relatives and commented on the demoralized demeanor of returning soldiers: “I sit here and wonder, wonder if all the dear ‘men in gray’ feel as crushed and disconsolate as these?... Will they ever be able to forget?”\(^8\) Some could not. Even if they could, they returned to a ruined land and a dismal future. Marietta Minnigerode Andrews explained the Southerner’s outlook at war’s end: “It is obvious that the emancipation of the slaves and the collapse of our whole system after the Civil War, the depletion in men, the wreckage in buildings, and forests, the years of neglect of agriculture, the peniless condition of the best element among us, and their unfitness for manual labor, would mean ruin for a long time.”\(^9\) Confederate soldiers returning to these conditions at home wrestled with the memories of battle horror and carnage from their past yet faced a present and future that was at once bleak and hopeless.

My analysis goes beyond Dean’s in another way. A gendered analysis figures prominently. The war experience challenged the very essence of what it meant to be a man in the South. One’s masculine identity was very much attached to values of strength, bravery, honor, and self-sufficiency.\(^10\) War tested the mettle of Southern men like nothing they’d ever faced. Most rose to the challenge, but some did not. In the nightmare that was battle, frayed nerves sometimes gave way to paralyzing anxiety. Months of marching in muck and oppressive heat or frigid cold with sparse provisions, away from family and friends, crippled some soldiers with debilitating depression. Open acknowledgment by men of such emotions, however, was forbidden in nineteenth-century society and regarded as an expression of weakness and cowardice, the very antithesis of manhood. Southern veterans were doubly crippled, then: psychologically anguished by the fighting but also ashamed that they were failing nation, family, and comrades by exhibiting signs of what today we know as mental illness. This emotional angst placed an added
burden on Confederate soldiers, which was further exacerbated by losing the war.

The quelling of hostilities between the Union and the Confederacy in April 1865 brought welcome relief to war-weary soldiers on both sides. The reconstituting of the ideal Southern family after the war would not be effected solely by the return of the male head of household, however. The mere presence of the patriarch in the family did not signal a return to prewar gender conventions and family structures. Even in situations where Confederate men did return home and attempted to reassert their paternalistic prerogatives, the traumatic battlefield experiences assured that long-awaited reunions would be fraught with discord. For Confederate women who yearned for their male kin’s return home to relieve them of their ersatz independence, the reunions often proved short-lived as Confederate veterans, beset by emotional and psychological scarring, sometimes required institutionalization, once again requiring female family members to serve as de facto household heads. In extreme cases, Southern soldiers who had escaped random death on the battlefield ended their emotional suffering by taking their own lives after the war.

After the war Southern hospitals for the mentally ill, usually called lunatic asylums, became populated with the psychological casualties of war, including veterans. A general impression prevailed in the years following the war that “insanity” was on the rise in the South. A Nashville newspaper claimed that people had gone mad by the dozens, necessitating an addition to the state asylum. The president of the board of directors of the Eastern Lunatic Asylum in Virginia informed the governor in 1870 that “[i]n insanity seems to have increased since the war.” With asylum beds at a premium, jails throughout the state teemed with the mentally ill.

Asylum records, therefore, provide an opportunity to probe the relationship between the war and mental illness in some detail. Among the growing number of Southerners struggling with mental illness after the war were Confederate veterans, many of whom show up in asylum records. Identifying veterans among asylum patients is not easy. First and perhaps surprisingly, asylum officials seldom connected a patient’s mental illness to military service. Occasionally an admission log or case history might note a patient’s involvement in the war but more as a marker of time (“After he returned from the war”) or to explain the source of an injury believed responsible for a patient’s psychological condition. Consequently, researchers must turn to other corroborative records, such as military rosters, service records, and census data. Still, a considerable number of service-age men in postwar asylums (many of whom probably served in the war) have to be excluded from this study because they cannot with certainty be identified as veterans. Therefore, the following discussion surely underrepresents the number of Confederate veterans institutionalized after the war.

The Milledgeville Insane Asylum in Georgia, which first opened its doors in 1842, was severely taxed by the increase in patients after the war. Thomas Green, superintendent and resident physician of the asylum, reported in 1867 that the facility was “greatly overcrowded” and filled “almost to capacity.” In the final year of the war it had housed a total of 275 patients. Two years later the asylum’s roster listed 431 patients. By 1870, the hospital could no longer admit all eligible applicants. Eighty-eight applicants had to be placed on a waiting list. Among the patient rolls of the Milledgeville asylum between 1865 and 1872 were thirty-five identified as having served in the military during the war. Of these, twenty-six were described as violent, as very violent, or as having attacked or assaulted persons, often family members. Admittedly, the postwar South held no monopoly on violence. In Dean’s sample of Indiana veterans, 40 percent attempted or committed violent acts while another 21 percent threatened violence. The small and admittedly unscientific sampling of veterans at the Milledgeville asylum suggests a higher rate of violent behavior, about 74 percent, the object of which was typically family members.

Veterans prone to violence jeopardized family stability and safety, hampering the reintegration of the ex-soldiers into Southern society. Witness the story of Alabaman William James who first showed signs of derangement just a few months after the war ended. Prior to his discharge in April, James had been confined at Camp Chase in Ohio where he was afflicted by an unspecified disease. Upon return home he showed signs of mental illness; his mind was “much disordered.” James, though, persevered and put in a good crop that fall. Less than a year
later, however, he exhibited violent behavior, threatening the life of his father among others. He also threatened arson and seemed determined to end his own life by jumping into a well. Removal to an asylum, as was James’s fate, was often the only course of action that would ensure the protection of family members as well as the distraught veteran. Still, families appeared reluctant to take that drastic step as is evidenced by the prolonged bouts of aberrant behavior that passed before commitment to a hospital. After repeated attempts on his father’s life, James Payne from Wilkinson County, Georgia, was institutionalized. Initially discharged from the army in 1863 because “his mind became affected,” the family waited four years before finally committing him.

Closely linked to violence was drinking, which also plagued many Confederate veterans in postwar years. Today of course we recognize that alcohol is often used by those suffering from mental illness in an attempt to self-medicate, to numb the emotional pain and erase upsetting memories. Anecdotal evidence about the postwar years suggests as much. One South Carolinian noted after the war that “Southerners were driven to drink deeply by their misfortunes, and drunkenness (with all the family misery it entails) is deplorably prevalent to this day.” Excessive drinking by Southern men has been well documented in the antebellum period, but after the war Southerners believed it was on the increase as a consequence of the Civil War. Maria Louisa Fleet, writing in 1867, characterized men of King William County, Virginia, as “dispirited” and believed them “drinking very hard.”

In the nineteenth century, medical practitioners often conflated causes of mental illness with symptoms. So it was with alcohol abuse. Frequently asylum officials regarded alcoholism as the cause of insanity rather than its manifestation. “Intemperance habits” purportedly lay at the root of George N. Washington’s bout of “insanity.” Admitted to the Georgia asylum in April 1867, he had been symptomatic since his return from the war. And while intemperance was blamed, records show Washington suffered head trauma during the war on several occasions, once the consequence of standing too close to a detonated cannon at the Battle of Fredericksburg. Like many alcoholics, Washington had also become violent, even suicidal.

Drinking, not a two-year stint in the Confederate army, explained B. W. Johnson’s unbalanced state of mind. Officials admitting the Georgia veteran to the asylum attributed his erratic and violent behavior—including shooting someone “simply because he had the same name as the Prophet Daniel!”—to alcohol. Admission records further note that Johnson’s alcohol consumption was excessive; he drank a quart of whiskey at a clip. In much the same way asylum officials overlooked the likely cause of Hugh Lewis’s violent attacks on family members, his service in the military, instead they fastened on a drinking binge that occurred three years after the surrender, even though Lewis had shown signs of mental instability while in the Confederate army and upon returning home. Anna Maria Green, the daughter of the superintendent of the Georgia Lunatic Asylum in Milledgeville, actually met her future husband while he was a patient at the asylum receiving treatment for alcoholism. Samuel Austin Cook had served as the commissary sergeant at the infamous Andersonville prison, home to what one Union surgeon called the “most abject, pitiful mass of humanity the mind could conceive.” Cook was “gentlemanly, a well behaved young man”—except when drinking, when he might commit serious acts of violence. The married couple went on to have ten children.

An enthusiastic volunteer, William Dickson “entered into the struggle with all the zeal and earnestness of his impulsive nature,” serving as captain in the Sixty-third Georgia regiment. By the close of the war, however, his exuberance had given way to melancholy as he had become “deeply chagrined and depressed.” For the first time in his life the twenty-five-year-old had turned to alcohol, drank excessively, and required admission to the state asylum. Asylum physicians, as well as those conveying details about loved ones’ mental illness, may have been simply unwilling or unable to locate the cause of a veteran’s aberrant behavior in his military service. Ascribing violence and erratic actions to drunkenness allowed a cover of sorts for ailing veterans. Rather than admit that Southern men were emotionally devastated by their firsthand experiences in battle, a concession that would likely have impugned their masculinity, civilians conspired, knowingly or not, to shield veterans’ reputations. Drinking in excess remained within the boundaries of acceptable male behavior; falling to pieces in consequence of soldiering, a form of cowardice, was not.

Confederate veterans who turned to drink to numb the emotional
pain of war trauma risked damaging or destroying familial relationships, further jeopardizing stable, functional households in the postwar South. Domestic turmoil, fueled by unresolved psychological distress brought on by battle and efforts to self-medicate through alcohol, proved an inevitable by-product of soldiers returning to the home front. Marital friction, at times peppered with violence, was a predictable outcome of the adjustment attendant to such reunited but broken families. For example, Michael Keenan from Augusta, Georgia, had been an injured prisoner of war for two years and returned home only to be declared insane. Only in his early twenties, Keenan’s experience as a prisoner of war, his years spent away from home, and his injury likely contributed to his failing mental condition. Yet asylum officials blamed his poor mental state on “domestic affliction.” Rather than seeing marital discord as a consequence of mental stress, they saw it as a contributing factor.28

The commitment papers of thirty-year-old Ambrose Gibson of South Carolina reveal evidence of serious domestic strife. About twenty-one when war broke out, Gibson served in the Fourteenth Regiment of the South Carolina Infantry and was wounded three times. It wasn’t until 1876, however, that he manifested severe signs of psychological stress, or at least severe enough to merit treatment. Physicians observed that his mind was at times “so far destroyed” that he had no control over himself. He had to be “under guard for self preservation” as he had threatened suicide and had a penchant for wandering. And he was violent. An internal note warned staff: “Don’t try to hold him. You will make him mad.” Asylum officials, however, believed Gibson’s insanity stemmed from “causes” not at all related to his military experience but rather blamed “inconstancy upon the part of his wife” and separation from her.

As in the Keenan and Gibson cases, asylum officials attributed Henry Newton’s aberrational behavior to “domestic troubles.” The South Carolina veteran, a thirty-four-year-old druggist from Columbia, was institutionalized in 1876 when he became delusional, imagining himself a prophet and candidate for governor. Unable to tend to ordinary duties of life, Newton wandered about at night and posed a threat to himself because of his access to and knowledge of medicines. It seems likelier, though, that Newton’s peculiar behavior precipitated “domestic troubles” and not the other way around.29 And once again there is a disconnect among those around him: no correlation is made, or at least recorded, between his military experience and the manifestation of mental illness. Shifting the burden of blame at least in part to soldiers’ wives, and minimizing or even ignoring the more obvious impact of military experience, preserved the mirage of male virility and strength.

The case of Edmund Bates serves to show how the war psychologically broke one man and crippled his family well into decades after war’s end. An engineer, Bates operated as a blockade runner for the Confederacy. During one of his runs out of Charleston Harbor, his only son was killed in battle near Petersburg. Bates arrived home in “quite low spirits,” but he returned to duty until war’s end. Once home for good, he had difficulty landing gainful employment, which further depressed Bates. In four months, though, he landed a position on a steamer. But after making preparations, he determined the ship was not seaworthy and walked away from the position. Another four months elapsed before he received another offer of gainful employment, this one also working on a steamer. But as with the first opportunity, he found reason to walk away, this time fearing the ship would sink. Bates’s wife, Malvina, attributed this inability to follow through with these steamer positions to having “lost all confidence in himself.” Indeed, her level of concern grew considerably when she found a vial of laudanum “on his person.” Her husband’s explanation—he claimed to have purchased the vial in the event his steamer sunk—strained credulity when she found another vial of laudanum after he continued to be “low spirited.” Threats against the family followed his bout with depression; he threatened “to destroy the whole family.” Depressive behavior shifted to mania; he spent every cent to his name under the impression (perhaps delusion) that he was making $300 a week jerry-rigging steamers to use less wood. For two to three months he had “been on the go day and night,” sleeping only two hours per night. Here Bates’s wife alludes to a possible link between his behavior and the war. This shift in demeanor stood in contrast to the man Bates was before the war: “his natural disposition quiet and reserved.” In July 1867 Malvina Bates implored physicians to examine her husband. They did, declared him insane, and admitted him to the asylum in Columbia that summer where he remained at least through 1870. While Edmund Bates’s institutionalization eliminated the threat of violence and lessened
the likelihood he might take his own life, the family nonetheless suffered from his absence and his inability to provide financial support. By 1870 Malvina Bates had moved in with extended family (either her brother's or brother-in-law's home). Ten years later, a widow, she is listed as the head of household of her Charleston dwelling, which consisted of twelve members including her fifty-five-year-old sister and both of their children ranging in ages from thirteen to thirty. The mental illness of her husband, which required institutionalization, altered Malvina's life in profound ways, including living in an unconventional household structure, one in which adult females pooled their resources, and their families, to subsist without benefit of a male head of household.32

Not all former soldiers manifested their psychological scars in threatening behavior. A number became despondent, withdrawn, and physically weak. Just days after Lee's surrender, Captain John Mangham of Pike County, Georgia, was admitted to the state asylum. The father of four had served in the Confederate army until January 1864. It was not until that fall, however, that he began manifesting symptoms of mental illness. Officials at the asylum nodded to the "anxiety and excitement growing out of the state of the country" as an explanation for his symptoms. Although he showed no signs of destructiveness or violence, common enough among asylum inmates, he was very weak and slept little, the kind of physical and mental despondency often attributed to PTSD.33 As the father of four, Mangham's removal to the asylum shifted the burden of caring for the family to his young wife, Rebecca.

Confederate veterans in a state of emotional turmoil frequently threatened the safety of their own family and friends. But many former Southern soldiers turned on themselves and responded to their emotional agony by resorting to self-injury. While no systematic study on suicide and Civil War soldiers has been published, Eric Dean's work on post-traumatic stress looked at a sample of Civil War veterans who entered the Indiana Hospital for the Insane from 1861 to 1920. Fifty-one percent of these either attempted or completed suicide, or were labeled suicidal.34 My own Milledgeville sample reveals that about one-third of those veterans hospitalized were suicidal. Note, however, that Indiana veterans are tracked well into the twentieth century, a much longer period of time. Not all suicidal Confederate veterans received professional intervention.

In August 1866, just a little over a year since the war had ended, thirty-five-year-old Edward Weeks from Petersburg, Virginia, approached his eleven-year-old son, George, kissed him, and told him good-bye, explaining that he would not be with him another night. That evening, Weeks's wife saw him take morphine pills. As soon as her husband fell asleep, she sent for physicians who were slow in arriving. Too slow, for he was gone before they arrived.35

Twice wounded in battle, thirty-two-year-old John Williams was "constantly frightened, apprehending some injury." Chronic fear, especially the fear of being killed, is one of the most common delusions that plague combat veterans. Acting on delusions that others were trying to harm him, Williams seriously injured supposed attackers while at other times begging people to kill him, supposedly to eliminate this constant dread that plagued him day and night. The agitated state accompanying the delusions ultimately prompted him to cut his own throat.36

John Sharpe first entered the Georgia asylum during the war although he had been pronounced "cured" and returned to duty in October 1862. He relapsed, though, after being taken prisoner by Sherman's troops for about six months, during which time he was "very badly treated." Following his release he suffered a severe beating at the hands of nine "railroad men," prompting Sharpe to injure himself by beating one of his fingers off with a piece of iron, behavior that landed him back at the Milledgeville asylum.37 J. F. McCrary, a twenty-two-year-old veteran from Talbot County, Georgia, threatened violence against others and attempted to hang himself. He was institutionalized in June 1866.38 Atlanta native Osburn Seay, a twenty-two-year-old veteran, was placed in the care of the Georgia asylum after he attempted suicide by banging his head on the wall. He had served in the Confederate army for three years and was wounded in the hip in one of the war's last battles. Four years later Seay was still in the asylum.39 Allen Smallwood had served in the Confederate army but became a prisoner of war in 1864 and was held in Indiana, where he manifested symptoms of insanity. After the war he exhibited suicidal tendencies, threatening to poison himself and cut his throat. Smallwood remained in the asylum at least through 1880.40 Signs of mental illness earned twenty-two-year-old Albinus Snelson an early discharge from military duty. He recovered briefly but relapsed during which time he attempted to kill himself several times
by jumping from windows and setting himself on fire. In August 1871, after a five-year cycle of suicide attempts and institutionalization, Nelson succeeded in taking his life by ingesting strychnine.41

C. N. “Neal” Shannon, a thirty-eight-year-old grocer from Lynchburg, Virginia, vaguely hinted to friends that his suicidal impulse emanated from his combat experience, from something that happened a long time ago. He remarked that he had witnessed a member of his company in the war get “shot through with a cannon ball.” He wished to die that way, too. Shannon got his wish in 1869 as he shot himself in the head with a five-shooter after staying up all night playing bagatelle.42

Suicide by veterans continued long after the war, suggesting some ex-soldiers suffered the effects of war trauma for years, even decades. Although he survived a serious wound at Fort Pillow, Tennessee, in 1862 that necessitated the amputation of a leg, Confederate cavalryman A. G. Ewing of Nashville committed suicide ten years later by chloroform.43

Post-traumatic stress disorder goes a long way in helping us understand the antisocial or self-destructive behaviors of Confederate veterans. But transitioning back to civilian life proved even more difficult for Southern men who in the years after the war, already weighted down by defeat and war trauma, faced financial ruin. Unlike the North, the South experienced extensive physical damage that made rebuilding difficult. Emancipation eliminated the chief form of Southern wealth virtually overnight. Financial difficulties, or to use the phrase of the day, “pecuniary embarrassment,” also underscored the failure of men to fulfill one of the basic responsibilities of manhood: providing for one’s family. Moreover, indebtedness signaled dependency, severely undermining the basis of masculine identity.44 The combined weight of financial ruin and embarrassment on top of the festering anguish from combat memory proved too much for some ex-Confederates. A German-born watchmaker from Richmond who had served in the Virginia Infantry during the Civil War, Emil Wacker, made good on an oft-repeated threat to kill himself in February 1871 despite his wife’s pleadings. Wacker replied, “I am done. It is too late” and then shot himself.45 Wacker was reported to have had “pecuniary troubles.”46

Marietta Minngerode Andrews described the gradual, but steady, protracted downward spiral of her father, Charles Minngerode, a Confederate veteran who struggled for two decades to get himself and his family out of debt. Minngerode had served as an aide-de-camp to General Fitzhugh Lee and was struck with a minié ball at Appomattox at age nineteen, leaving him with a limp the rest of his life. After the war, he was bedeviled by a series of business failures that left him unable to support his growing family. The family bounced around from relative to relative; young children were sent out to earn much needed money. Mounting debt forced the sale of family silver. Charles Minngerode became depressed, anxious, and embarrassed by his failings as a provider; his wife grew impatient and frustrated. The unwelcome announcement that he was about to become a father for the eleventh time proved to be the breaking point. He committed suicide in 1888, twenty-three years after the Confederate surrender, surely a casualty of the war just as if he had died from his wound that day at Appomattox.47

In addition to financial ruin, some Confederate veterans fell victim to a more general malaise attributed to the “distressed state of the country,” a term that seems to have implied political as well as economic distress of the former Confederacy. Colonel Robert Harper of Covington, Georgia, blew his brains out in February 1868 after becoming despondent over “the desolate condition of our country.” Although suffering from ill health, the newspaper account speculated that the main source of his “mental aberration” was likely the “distressed state of the country,” for which Harper had “manifested a deep concern” for some time. Like other suicide victims among Confederate veterans, he left behind a family, a wife and daughter.48 The irony of Southern men taking their own lives is not lost. Southern men, whose identity was shaped in no small measure by their ability to provide for and protect their families, abandoned their families through their suicides and left them more vulnerable than ever.

Phillip Shaw Paludan raised a compelling question about the Civil War in an essay published in 1998: “What did the winners win?”49 The gist of the piece is that we need to do more historical work on how the war affected families—mothers, fathers, children. A decade plus later, much work remains to be done in the social and private realm. In the spirit of Paludan’s query, may I suggest that we pose—and answer—a different question: What did the losers lose? Any why did that matter?
The Civil War exacted an incalculable cost on the psychological well-being of those who fought the war, on both sides. But Confederate soldiers bore added burdens that made their emotional suffering even worse and their path to recovery more difficult. Only by developing an understanding of the nature and depth of the psychiatric casualties of the Confederacy can we fully appreciate conditions in the postwar South and how those conditions shaped the culture and the future of a defeated, dejected people.

Notes

1. Eric T. Dean Jr., Shook over Hell: Post-Traumatic Stress, Vietnam, and the Civil War (Cambridge, Mass.: Harvard University Press, 1997), 5. The author would like to thank participants of the Weirding the War Conference for their insightful suggestions as well as J. David Hacker and Mitchell Slay for their close readings of the essay and for the valuable feedback they offered.

2. Psychiatric ailments might also have been the manifestation of physiological injuries, such as traumatic brain injury (TBI), which often results in post-concussion syndrome (PCS), some symptoms of which mirror those of PTSD. While I recognize that PTSD has a very specific medical definition, I concede that I apply the PTSD broadly here to include those who may have suffered from other psychiatric problems. Emotional trauma among Civil War veterans also manifested in physical ailments as well, especially cardiac and gastrointestinal diseases. Judith Pizzarro, Roxanne Cohen Silver, and JoAnn Prelupe, “Physical and Mental Health Costs of Traumatic War Experiences Among Civil War Veterans,” Archives of General Psychiatry 63 (February 2006): 193–200.


5. Vinovskis claims 61 percent of white Southern males of military age (age 18 to 43) participated in the war compared to 35 percent of their Northern counterparts. Ibid., 40. Jeffrey W. McClurken’s recent book finds that about 79 percent of Pittsylvania County, Virginia, white males of military age served in a regular army unit. Take Care of the Living: Reconstructing Confederate Veteran Families in Virginia (Charlottesville: University of Virginia Press, 2009), 14. Orville Vernon Burton reports that South Carolina suffered the highest percentage of men killed in any state during the war. Of Edgefield County’s 2,137 enlistments, 613 or nearly 29 percent were killed. Burton, In My Father’s House Are Many Mansions: Family and Community in Edgefield, South Carolina (Chapel Hill: University of North Carolina Press, 1985), 226. About one-third of Orange County, North Carolina, soldiers died in the war. Robert Kenzer, Kinship and Neighborhood in a Southern Community: Orange County, North Carolina, 1849–1881 (Knoxville: University of Tennessee Press, 1987), 78. Vinovskis points out that even though Northern losses outnumbered Southern losses by 40 percent, “the relative impact . . . on the South was much greater because of its smaller population base” (“Social Historians,” 38).


7. LeeAnn Whites examines this process of “domestic reconstruction” in The Civil War as a Crisis in Gender, Augusta, Georgia, 1860–1890 (Athens: University of Georgia Press, 1995), 132–59. It is worth noting that a hostile home front receives significant blame for the emotional woes of U.S. soldiers returning from the Vietnam War and is believed by some scholars to account for their difficulty reintegrating into American society. Eric Dean remarks that Confederates returning to the home front contrasted sharply to the jubilation awaiting Union soldiers and hints this contributed to their emotional state after the war. Dean, Shook over Hell, 7–25, 95–96.


13. Wartime and postwar official reports of the state asylums in Virginia, however, do acknowledge “the war” as a “cause” of “insanity” though it is a term broadly applied that includes the impact of the war on those on the home front. Many female patients, for instance, were diagnosed as mentally ill as a consequence of “the war.” See McClurken, Take Care of the Living, 120.


15. The asylum has been known by various titles over the years including the Georgia Insane Asylum, Georgia Lunatic Asylum, Georgia State Sanitarium, and, most recently, Central State Hospital. Peter G. Cranford, *But for the Grace of God: Milledgeville! The Inside Story of the World's Largest Insane Asylum* (reprint; Atlanta: Georgia Consumer Council, 1998). The number of patients admitted annually fluctuated but admissions in the late 1860s breaks down as follows: (1866–1867) 133; (1867–1868) 120; (1868–1869) 75, as noted in the Superintendents' Reports for these years. So the 35 inmates identified as veterans is a small percentage of those admitted, but of course service in the military is not always indicated, so noted in the text.


17. Georgia Department of Public Health, Central State Hospital, Medical Case Histories, vol. 3 (October 9, 1860–July 31, 1873); ref. 732, microfilm, drawer 350, box 19, Georgia Archives, Morrow, Georgia (hereafter referred to as Georgia Asylum Case Histories), November 26, 1866, 183. Patient lists can also be found among census records, Baldwin County, Georgia, beginning in 1850. Some of these rosters are readily available through Internet sources compiled by genealogists. There is also a published two-volume work that contains patient names and in some cases residence and date admitted. Robert Scott Davis Jr., *The Georgia Black Book* (Easley, S.C.: Southern Historical Press, 1982).

18. Georgia Asylum Case Histories, March 30, 1867, 199


23. Ibid., October 22, 1867, 222.


27. Georgia Asylum Case Histories, May 9, 1869, 272.

28. Ibid., August 9, 1865, 130.

29. South Carolina State Hospital Commitment Files, 1840–1950 [1871–1881], South Carolina Department of Archives and History, Columbia, South Carolina (hereafter SC Commitment Files), Commitment papers of Ambrose Gibson, May 22, 1867, patient #2424.

30. Delusions are a common symptom of PTSD. Dean, *Shook over Hell*, 100–105.


32. SC Commitment Files, 1840–1914 (misc.), Letter from Malvina Bates to Dr. Parker, Sup't of Asylum, July 1, 1867; Declaration of insanity, signed by Drs. Lockwood and Horsay [sp.], Charleston, June 18, 1867; Acknowledgement of financial responsibility for Edmund Bates's continued hospitalization dated Oct. 5, 1870. See also U.S. Census MS, Charleston County, South Carolina, 1860, ser. M653, roll 1216, 212; Charleston County, South Carolina, 1870, ser. M593, roll 1486, 33; Richland County, South Carolina, 1870, ser. M593, roll 1507, 158; and, 1880, Charleston County, South Carolina, ser. T9, roll 1221, 15.


34. Dean, *Shook over Hell*, 150. On other Civil War veterans who committed or attempted suicide see pages 154–60. David Silkenat's work on suicide in postbellum North Carolina finds that at least two-thirds of [white] males who committed suicide after 1865 had served in the military. David Andrew Silkenat,


36. Georgia Asylum Case Histories, August 21, 1871, 298. Williams escaped from the asylum in 1873. On delusions, see Dean, Shook over Hell, 100–102.

37. Georgia Asylum Case Histories, April 26, 1866, 153. On the treatment and experiences of Civil War prisoners of war consult Dean, Shook over Hell, 81–87; and McClurken, Take Care of the Living, 121, 124.

38. Georgia Asylum Case Histories, June 11, 1866, 158.

39. Ibid., Oct. 9, 1866, 176; U.S. Census MS, Baldwin County, Georgia 1870, ser. M593, roll 134, 260.

40. Georgia Asylum Case Histories, April 13, 1871, 294; U.S. Census MS, Baldwin County, Georgia, 1880, ser. T9, roll 133, 229.


42. Lynchburg, Misc. records/court records: various courts; coroner’s inquests (1833–1880); Misc. papers (1877–1878), Box 640, LOV Annex; U.S. Census MS, Campbell County, Virginia, 1860, ser. M653, roll 1338, 552.

43. Columbia (Mo.) Herald, November 29, 1872.


46. Richmond Daily Dispatch, February 2, 1871.

