PART I

Confederate Men and Women
during the Civil War
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Chapter 1

A Burden Too Heavy to Bear

War Trauma, Suicide, and Confederate Soldiers

Sacred to the Memory of Col. Thomas Pickens Butler who Died in Richmond, Va., on the 21st of February 1862 in the 45th year of his age. Having been in the service of the Confederate States from the commencement of the war for Southern Independence. He was a Patriot of warm impulses and devoted fidelity. He was generous and brave, kind to all, and had few, if any enemies. He had his frailties,—who has not? May God forgive us all! He sleeps with his Fathers in Carolina soil, and we will cherish the memory of his nobler qualities. Requiescat in pace. As a tribute of love, this marble is placed over his grave by his Widow, Children, and brother William P. Butler.

—Gravestone of Thomas Pickens Butler

Thomas Pickens Butler checked into room number 4 of the Columbian Hotel in Richmond on February 19, 1862, probably while on assignment for the commissary department of Kershaw’s Brigade. His age—he was forty-five—likely explains why he was not engaged in active combat with his company. The South Carolina attorney and Mexican War veteran enlisted early, even before the firing on Fort Sumter, demonstrating his exuberance for the Confederate cause. He never saw combat, though. On July 21, his regiment engaged in the first battle of the war, Bull Run, but by that time he had been safely ensconced in administrative work. Friday evening, February 21, was the last time Butler was seen alive. He received a visit from a hotel servant offering refreshments, which he declined. The next morning, a passerby noticed blood oozing from underneath the door of room number 4, prompting someone to break down the locked door. They found the “unfortunate” man “weltering in his gore” with a newly purchased Bowie knife at his side, which had been used to inflict several wounds, the coup de grâce of which was a fatal slicing of his throat.”

There is no way to know why Butler killed himself. Indeed, historians can never truly know why a person committed suicide. Genuine motives, or what actually impels an individual to take his or her life, are impenetrable. Even suicide notes written by suicide victims themselves need to be understood as attempts to shape the narratives of their deaths rather than as evidence of
“true motives.” Nonetheless, historians of suicide can learn a great deal by turning to the explanations offered by witnesses or loved ones. How did contemporaries interpret the suicide? What meaning did they attribute to the act of self-murder? What factors did they view as instrumental in causing a suicide? Reasons for suicide offered by a neighbor or comrade speak to their own understanding of day-to-day experiences or engagement with this individual and are inflected by the shared economic, social, and cultural conditions in which they occurred. The words of witnesses, loved ones, and newspapers speak authoritatively to the local context of the suicide and the place of the suicide within those circumstances.

In Butler’s case, there are two pithy references to his suicide from which to glean motive. The first is his gravestone. The inscription offers a vague clue linking undisclosed “frailties” somehow to his death. The decision of the family members who composed the inscription to include what they perceived as a character flaw in an otherwise glowing memorial stands out as unusual, but the candid acknowledgment may have been viewed as necessary given the highly public manner of death. Or, perhaps, “frailty” was coded language for the manner of death, self-murder. Regardless, the family determined to memorialize his “nobler” qualities: he was dutiful, patriotic, honorable, devoted, honest, kind, and loved. Despite the horrific manner of death, his family still loved, venerated, and, it seems, forgave him.

The second pithy reference to Butler’s suicide appears in the Richmond newspaper, which reported that the “rash act” had been precipitated by “temporary insanity, produced by some unknown cause.” The newspaper offered no motive except to cite the coroner’s findings, suicide “while in an aberration of mind.” When the trigger for a suicide was unknown, reporters, observers, and coroners typically attributed the cause to the nondescript, ambiguous “temporary insanity”—a catchall term meant to indicate loss of rational thinking, an assumption predicated on the belief that no sane person would take his or her own life. In the nineteenth century, suicide was \textit{prima facie} evidence of insanity, a diagnosis that assuaged those who condemned suicide as cowardly and sinful. By declaring Butler temporarily insane, neighbors, families, and newspaper readers readily forgave him this rash act: he was not in his right mind.

Butler’s suicide occurred in the context of the American Civil War, one of many suicides committed, attempted, or contemplated by uniformed men and boys while in the service of the Confederacy. While the circumstances of soldier suicidal activity vary widely—age, duration of service, rank, class, service branch or job, location, exposure to battle, marital status—the one thing all had in common was service in the Confederate army. That is not to say that the motives of all soldier suicides were connected directly to the
war. The etiology of suicidal behavior is extremely difficult to discern, especially so in a historical context. Butler’s decision to die by his own hand may not have been related directly to the war and his role in it. He may have been preoccupied by family or financial matters. Maybe he inherited a depressive disposition. But his death occurred in a war zone. At the very least, the war was a backdrop and, more likely, a proximate or contributing cause of his suicide. Military obligations, in particular restrictions on mobility, would have impeded a soldier’s efforts to attend to pressing personal, emotional, or family issues. Even if personal matters unrelated to war—domestic or financial concerns, for instance—can be shown to have “caused” his “temporary insanity,” factors tied to the war would have exacerbated Thomas Butler’s distressed mental state: being away from home without traditional support systems, being subjected to military supervision and control, worry about the future of the new Confederate nation, guilt about leaving family alone, and concern about the welfare of loved ones in harm’s way, including a twenty-two-year-old son, A. Pickens Butler, who enlisted in 1861 but contracted an illness in camp and never made it to the front. The constraints and conditions under which soldiers lived hindered the ability to manage their mental well-being. Thus, when searching for the cause of suicidal actions by soldiers, the war as an indirect cause, at minimum, needs to be taken seriously. Studying self-inflicted deaths by Confederate soldiers, therefore, offers an opportunity to explore how soldiers responded to pressures, both internal and external, in the setting of war and why some turned to suicide. As well, cases of soldier suicide permit the interrogation of the relationship between suffering and suicide generally and gendered notions about manhood, cowardice, and martial success, all of which came into play for Southern men in the military. Individual soldier suicides, when considered collectively, also inform a larger understanding of the psychological impact of the war on its participants.

In addition to appreciating how soldiers experienced suffering and suicide in wartime, reactions to those suicides, such as the news account of Butler’s death, serve as a way to gauge the impact of suicides on others and to examine attitudes toward suicide and those who took their own lives. The Richmond Daily Dispatch, which published the story of Butler’s suicide, described those on the scene—inquest jurors, witnesses, reporters—as eager to know why he killed himself. In fact, implicit in almost all responses to wartime suicide was a fundamental need to understand the motives of self-murder. “Why did he do it?” Sources rarely answer this question to the satisfaction of historians, but the reasoning exposed in raising and answering this question is very instructive, as it uncovers attitudes about suicide and traces how those attitudes changed in response to conditions of war.
Civil War soldiers are among the last participants in American wars to become the focus of scholarly inquiries about the effects of war trauma. Eric T. Dean Jr.’s *Shook over Hell*, the first substantive, historical treatment of Civil War soldiers and the impact of post-traumatic stress, rightly notes that historians have pinpointed World War I as the watershed of military psychological casualties and, in doing so, have given short shrift to nineteenth-century soldiers, minimizing or even ignoring their emotional and psychological suffering. Studying Civil War soldiers in conjunction with recent findings about war trauma and neurological impairment makes clear these men were greatly affected by combat stress. Even a cursory glimpse at asylum records, diaries, and wartime newspapers reveals a virtual epidemic of emotional and psychiatric trauma among Confederate soldiers and veterans that manifested in a wide array of physiological and psychological symptoms. Institution-alization and even suicide occurred in the most extreme cases. Although those living in mid-nineteenth-century America could not diagnose the psychiatric ailments afflicting soldiers and veterans, nor did they possess the scientific or medical theories of later years that causally connected wartime experience with psychiatric distress, contemporary observations by physicians and asylum supervisors, as well as military personnel, did recognize signs of what today we would label mental illness. Often they dismissed symptoms of stress and anxiety as cowardice, shirking, or malingering. Cases of “nostalgia,” “irritable heart,” or “the blue devils”—which at times manifested psychiatric symptoms—proliferated throughout the war and after. As well, the patient registers of insane asylums, where the most seriously afflicted soldiers ended up, denote a wide array of diagnoses including insanity, mania, derangement, melancholy, and dementia. Importantly, however, because medical practitioners privileged somatic, hereditary, and moral factors in diagnosing psychiatric disorders, they failed to understand that experience or environment could affect the mind. Such knowledge, linked to the rise of psychoanalysis, would not emerge until the turn of the century. Consequently, the psychic manifestations of trauma largely went uncorrelated to battlefield experiences by contemporaries. Historians, therefore, look in vain for examples of Civil War actors reporting causal links between the experience of war and the plethora of psychological and social dysfunction among soldiers and the experience of war. Nonetheless, bountiful evidence points to widespread mental duress experienced by Civil War soldiers. The brutal and protracted experience of war, and the suffering it engendered, forced Confederates, both soldiers and civilians, to reconsider the meaning of many traditional convictions and ideals to which they had clung.
when the war began. None of these notions changed more than that of masculine courage, as argued by Gerald Linderman. At the war’s outset, courage was defined as heroic action, unflinching stoicism in the face of danger, and the ability to face peril without exhibiting fear. Corollaries stemming from the ideal of courage included dying the good death and the belief that bravery protected soldiers. On the battlefield, the likes of Stonewall Jackson and J. E. B. Stuart, who appeared indifferent to and unaffected by risks in battle, personified courage. Launching a charge across an open field defined martial courage. Over time, the grinding, lethal, and sustained experience of war chipped away at the pantheon of courage, baring its obsolescence. The flip side of courage, cowardice, likewise evolved over the course of war. Constructing breastworks or seeking shelter behind a tree, early on denounced as cowardly, came to be embraced as practical and prudent. Similarly, soldiers who exhibited signs of psychological debilitation forced a reconsideration of the association of psychiatric breakdown with cowardice. Strong, virtuous men, not merely the weak and unvirtuous, broke down in the field, compelling Confederate men and women to rethink the stark and rigid dichotomy of courage and cowardice.\(^\text{17}\) As psychologically incapacitated soldiers were discharged and sent home or hospitalized, or as word spread in a neighborhood about a soldier who had committed suicide, the reality of war resonated with those on the front lines as well as those at home, causing many to reassess the high, inflexible, and unrealistic standards for manly comportment in a war zone. Given the mounting evidence of pervasive emotional suffering among Confederate soldiers, which only intensified as the war continued, even suicides, though rare, tended to be treated with a level of understanding and empathy not in evidence before the war.\(^\text{18}\)

Central to any understanding of how the war and the suffering it unleashed altered ideas about men’s courage are the stories of those soldiers in the war zone who proved unable to endure the rigors of warfare. Against the backdrop of the Civil War, a study of suicide and emotional suffering allows for an exploration of why some soldiers took their own lives (when most did not) and how those suicides were regarded by others. By examining characterizations and treatments of soldier suicides by white Southerners, we can better assess how the experience of the Civil War changed ideas about suicide. The bevy of Confederate suicides, emerging out of a larger swath of widespread psychological and emotional suffering among soldiers and civilians alike, forced a reconsideration of harsh attitudes about suicide by white Southerners, many of whom began to challenge long-standing religious and cultural taboos about suicide by expressing compassion and support for the Confederacy’s suicidal victims.\(^\text{19}\)
In the wake of the firing on Fort Sumter and Abraham Lincoln’s call for troops, white Southern men and boys flocked to recruiting stations. Consumed by a rage militaire, thousands enthusiastically took up arms to defend their nascent nation. The martial exuberance of the “Boys of ’61” was matched by the patriotic fervor of their womenfolk, who, despite personal reservations, implored their sons and husbands to enlist. Those who wavered risked being shamed into volunteering, a form of coercion one historian has called “sexual intimidation.” One Alabama woman broke off her engagement when her fiancé failed to enlist. To shame him further, she sent him a package containing a skirt and pantaloons with a note that read, “Wear these or volunteer.” Failure to take up arms for the Confederate cause negated one’s manhood and compromised a man’s standing in the community. As Georgian Samuel David Sanders remarked about his own enlistment, “I would be disgraced if I staid at home.” Men, especially Southern white men, well understood the expectations Victorian society demanded of them in wartime. Honor and duty required their martial participation. (See figure 1.)

The combination of nationalistic exuberance and pressure from family and community members to join the fratricidal fray thrust Southern white men, many barely men, toward the front lines. To resist would expose a Southern white man to questions about his manhood as well as commitment to nation. One’s masculine identity, therefore, was inextricably linked to the role of citizen-soldier. With enlistment and departure to camp and then the front lines, however, came two things: first, the realization that war was no child’s play and, second, time to contemplate what may lay ahead for a soldier. While many a green soldier longed to “see the elephant,” eagerness inevitably gave way to anxiety. Most recruits punched through that initial hesitation, but some became emotionally paralyzed and unable or unwilling to fight. Some frightened soldiers, “malingerers,” “skulkers,” and “shirkers” as they were called, found ways to avoid battle, such as abandoning their positions in line, feigning illness, and sneaking to the rear. Some hid. A few soldiers resorted to self-mutilation to avoid duty, such as the Tennessee soldier who ate hot coals to secure a discharge. In more extreme instances, soldiers took their own lives to escape battle, some before arriving at the front.

Apprehension about the impending inaugural battle engagement may explain cases of Confederate recruits committing suicide en route to their military assignments from camp. Using modern studies of military psychiatry alongside fragmentary evidence suggests that some young men opted for death at their own hands rather than face the uncertainties of battle. A few never made it out of camp. The Richmond Daily Dispatch, for example, reported that a soldier identified only as E. White committed suicide while in camp near Savannah, Georgia, in October 1861. A German soldier named
Women in the North and South, in their attempts to coerce men into signing up for military service, mocked the manhood of husbands or lovers who refused to enlist in military service.

Thomas Stringham, entrenched in camp near Norfolk, Virginia, killed himself that same month by cutting his throat. Kentucky senator John Crittenden’s grandson, a twenty-six-year-old private named Coleman, attached to a company of the 1st Florida Regiment, likewise cut his throat in August 1861 while stationed near Pensacola. No explanation was offered other than he had been “under a state of mental derangement.” A fearful Alexander Ridings of North Carolina, father of eight, hanged himself after being forced into the army in the spring of 1864. Before this, he had been able to avoid service by providing substitutes. A bitter father-son conflict appears to have driven one young Southern man to self-destruction. In the summer of 1861, a unionist father in Tennessee threatened to disown his twenty-year-old son if he took up arms against the United States. The impetuous young man disregarded his father’s wishes and joined up with a Confederate company (“the excitement of the rebel war proved too seductive”), but began having second thoughts shortly thereafter. A few days later he became despondent over his decision; his mind flooded with thoughts of the “dear home and gray-haired father he had left.” He ended his life by cutting his throat.

On occasion, Confederate officers, like enlisted men, took their own lives. The captain of a North Carolina militia company shot himself at Fort Hill, in the eastern part of that state, in February 1862. Lieutenant C. E. Earle of the Palmetto Guard of the 4th Regiment of South Carolina Volunteers flung himself out of a sixth-floor window of the Ballard House hotel in Richmond in the summer of 1861, breaking his skull, arm, and legs, killing him instantly. Temporary insanity and a family history of mental illness were offered up for the Greenville native’s self-destructive act. He had been expected to depart for Manassas the next day.

Suicidal soldiers rarely left behind evidence explaining the motives for their decisions to end their lives, so reasons for individual soldier-suicides remain hidden. Most intriguing, though, are these cases of fresh Confederate recruits who committed suicide before ever seeing battle, experiencing combat fatigue, or witnessing human carnage and death, triggers often associated with psychiatric collapse during wartime. In his study on psychiatry and war, Richard A. Gabriel notes that during World War II thousands of recruits suffered “fear reactions” in anticipation of being sent to the war zone. Indeed, World War II units on alert for deployment saw an uptick in somatic symptoms associated with anxiety, such as heart palpitations, abdominal pain, and vomiting. The number of self-inflicted wounds and accidents also rose among units preparing for imminent deployment. Confederate soldiers anticipating live fire for the first time who committed suicide likely experienced similar “fear reactions.” The prospect of direct
enemy engagement could understandably provoke fear and anxiety—fear of dying, fear of killing, fear of the unknown.

White Southern men also worried mightily about failing. The ideals of “courage, manliness, and self-control,” which Earl J. Hess identified as steady-ing Northern soldiers in battle, also animated Southern soldiers, inducing them to view battle as a “supreme test of their character.”36 Courage in the face of battle became the critical test of manhood during the Civil War. In fact, in many ways the Civil War stands as a test of manhood.37 Unsure how they might perform under fire, many soldiers considered the ramifications of faltering. As James M. McPherson, Hess, and others have argued, apprehending the dire consequences of behaving improperly under fire, not the least of which was being tainted as cowards, motivated most Civil War soldiers to persevere and control their fears.38 In extreme cases, though, the burden of anxiety about manly and honorable performance under fire prompted some soldiers to consider suicide, a more palatable option to some than the risk of appearing cowardly.39 A World War I anecdote relayed by Lord Moran, personal physician to Sir Winston Churchill and World War I veteran, offered insight into the warrior’s apprehension about cowardly deportment under fire. He recalled how a British sergeant killed himself, opining that “he could not face war and was not certain what he might do and had taken the matter into his own hands before he did something dreadful that might bring disgrace on himself and on the regiment.” The act struck Moran as reasonable: “He was ready to go out of this world, but it must be in his own time and in his own way.”40 The same logic may have animated a Confederate recruit who imagined that suicide would spare him the humiliation of failing in battle, the shame at letting down his comrades, family, and nation, and the taint of cowardice that would surely follow. In a society that exalted honor and in which men’s sense of self-worth and personal identity hinged on reputation, an act of cowardice on the battlefield might dog a Southern man long after the guns had silenced.41

Soldiers who fretted about failing under fire had good reason to worry about repercussions or retribution. Soldiers labeled as cowards risked both formal and informal sanctions for acts of battlefield cowardice. (See figure 2.) Stragglers, malingerers, and skulkers in both armies might be shot, sentenced to hard labor, or publicly whipped, as was the Confederate custom.42 A Virginia private recounted witnessing the whipping of a soldier court-martialed for cowardice at the Battle of Sharpsburg, a spectacle so horrific even the executioner’s eyes filled with tears.43 Informal censure, though, could sting just as badly. An accusation of cowardice by one’s comrades could elicit ridicule and condemnation, so much so that gravely ill or injured soldiers sometimes forced themselves into battle to avoid the appearance of
feigning illness. Worries about a lengthy convalescence, hospitalization, and eventual furlough weighed heavily on Washington N. Easterby, a private in the Charleston Battalion. In early 1863, a urological ailment kept him from his company for a protracted period of convalescence. Concern about his absence from his company slipped into psychological instability as he became incoherent, “wildly raving,” and sometimes not sleeping for days. Physicians deemed Easterby insane and transferred him to the South Carolina insane asylum. Easterby’s concern that his comrades might misconstrue his illness and furlough as malingering weighed so heavily on him that it contributed to his mental deterioration. He believed he had disgraced himself by receiving a medical discharge.44

In the nineteenth century, masculine courage was equated with fearlessness; acknowledging fear to one’s self or another amounted to cowardice. As one Texas soldier confided to his wife, “Fear makes cowards of the most of us.”45 According to historian Gerald Linderman, Civil War soldiers construed courage as “heroic action undertaken without fear.” American soldiers in later wars, recognizing fear as a natural by-product of combat, redefined martial courage as acknowledging but controlling one’s fear. Civil War soldiers, though, who manifested or voiced the slightest signs of anxiety or worry be-

Figure 2  Soldiers in both armies feared the moniker of coward; punishments included shaming, corporal punishment, even death. *Harper’s Weekly*, June 28, 1862. Courtesy of University of North Carolina Libraries.
before or during battle would be regarded as lacking courage, as cowards. “Fear was not an anxiety to be shared but a weakness to be stifled.”46 “Deep mortification” at being labeled a coward drove a Confederate seaman to suicide after he had been charged officially with cowardice, resulting in his being busted from the rank of lieutenant to private. Messmates intervened when a distraught Marion Stevens attempted to cut his throat, although eventually he succeeded in killing himself after seizing a pistol, putting it to his forehead, and firing. Witnesses in the Stevens case connected the act of self-murder to allegations of cowardice.47

“Fear reactions” resulting in suicidal behavior among Confederate soldiers, notably those merely facing the prospect of battle, underscore the anxiety experienced by civilian-soldiers but also reflect the circumstances and characteristics peculiar to the Civil War generally and to Southern soldiers particularly. The suicides of encamped Confederate soldiers may be traced to the sudden call to arms that precluded the creation of a selective recruiting structure or process to screen out volunteers psychologically unfit for duty. During World War I, American officials had known about English soldiers breaking down in camp before deployment and consequently instituted a program designed to identify and exclude those recruits likely to falter or collapse under pressure.48 The field of psychiatry at the start of the Civil War had not yet developed sufficiently to permit such considerations. Later in the war, the Union army established criteria to exclude men who showed signs of “manifest imbecility or insanity,” but in practice dismissed few for these reasons (6.6 men per 1,000).49 The standard of “imbecility or insanity” would not have covered men merely prone to anxiety or those lacking overt symptoms of severe mental instability. Recruits also had incentive to mask manifestations of stress or fear and likely hid signs of anxiety from their screeners. Perhaps most importantly, as the war continued Confederate officials could ill afford to hyper-scrutinize soldier-recruits’ psyches, to weed out those believed to possess “nervous” demeanors or tendencies; they desperately needed soldiers.50 Unless a recruit’s mental state was compromised severely and obviously, he was not likely to be rejected for duty.

More than a hasty onset of war or lack of procedures to identify recruits predisposed to psychological disorders, the youthfulness of the Confederate army rendered its soldiers particularly susceptible to combat anxiety. High-ranking U.S. medical personnel during the war questioned the fitness of its soldiers not yet out of their teens. Surgeon General William Hammond reported a detrimental psychiatric impact on U.S. recruits when the Army lowered the minimum age for enlistment from twenty to eighteen in 1862. “Youths of this age are not developed, and are not fit to endure the fatigues and deprivations of the military life. They soon break down, become sick, and
are thrown upon the hospitals.” Despite the need for manpower, Hammond recommended returning to age twenty as the minimum age for enlistment. Surgeon DeWitt C. Peters believed teens were “not sufficiently matured in mind and body to undertake successfully the arduous duties of a soldier.”

While the median age of a Confederate volunteer in the Army of Northern Virginia in 1861 was twenty-four, a substantial number were in their teens when their military service began. One in seven enlistees in the first year of conflict was eighteen or younger. As Linderman notes, in both armies “eighteen-year-olds constituted the single largest age group during the first year of the war.” Another way to consider the youthfulness of the Southern army is to note that nearly 30 percent of Southern men who served in General Robert E. Lee’s army were born after 1840 and that one in ten was sixteen or younger when Lincoln was elected president in 1860. Thousands of Confederate soldiers who enlisted or were drafted began soldiering as teens. The widely accepted figure of one million men and boys who served in the Confederate army suggests, then, that throughout the course of war about one-quarter of a million were teen soldiers at one time. The war was indeed, in the words of military historian Joseph T. Glatthaar, “a younger man’s fight.” Although the ages of most of the suicidal soldiers in the earliest part of the war are not known, it seems likely many were young and therefore more predisposed to combat-related stress and less equipped to manage that stress. While no systematic health analysis of Confederate veterans was undertaken, we can extrapolate from a recent study of 15,000 Union veterans, which concluded that young veterans (those under age eighteen at enlistment) possessed a 93 percent greater risk of developing signs of physical and nervous disease than older soldiers and were at increased risk of early death if they had witnessed during the war. This finding echoes contemporary accounts noting that young recruits especially were prone to “nostalgia,” a disorder defined as “a species of melancholy, or mild type of insanity, caused by disappointment and a continuous longing for the home.” U.S. Army surgeon DeWitt C. Peters even drafted a paper titled “The Evils of Youthful Enlistments and Nostalgia,” based on his impressions that teenaged recruits were highly susceptible to mental disorders including homesickness. The youthfulness of Southern soldiers, many away from their homes for the first time, may explain why some resorted to extreme measures like suicide even before reaching the front lines. Dislocation and the fracturing of family ties disoriented many a young Civil War soldier given the centrality of home in nineteenth-century American culture. Home denoted much more than mere place. As David Anderson has posited, home is a “conglomeration of memories and senses, it is the knowledge and familiarity of locale; home articulates belonging.” When Civil War soldiers were denied the comforts of home and
the familial connections associated with home, often their mental and physical well-being suffered. The severing of ties to family and community could trigger low morale, depression, despondency, as well as a host of related physiological ailments, like disrupted sleep, frailty, hunger pains, and heart complications, in what military doctors diagnosed as nostalgia. Among the soldiers least equipped to cope with the strain of impending combat and being uprooted from home, youthful soldiers, especially those from the country, proved more vulnerable to physical and psychological disorders, among them, it seems, suicidal impulses.

Soldiers of all ages encountered stressors like fear and homesickness that, for some, provoked the extreme reaction, suicide. But it was a soldier’s experiences on the battlefield, including “witnessing death or dismemberment, handling dead bodies, traumatic loss of comrades, realizing one’s own imminent death, killing others, and being helpless to prevent others’ deaths,” that appear to have played a major role in initiating suicidal thoughts and actions among Confederate servicemen. Civil War memoirs and letters are rife with descriptions of gruesome battle scenes and soldiers’ reactions. A Tennessee soldier recalled two near misses with a cannonball, one of which decapitated a fellow soldier nearby, spattering brains all over his face, the other that carried away the skull of a messmate, leaving brains in a serving dish. William Pitt Chambers recorded the visceral impression of battle on a young, frightened soldier: “The screaming and bursting of shells, the whistling of shot, the ping of bullets, the shrieks of the wounded and the groans of the dying were calculated to strike terror to hearts unused to such scenes. I frankly confess that I was badly demoralized.”

Most soldiers, like Chambers, nonetheless persevered in the face of such carnage. Some soldiers, though, became so traumatized by what they had witnessed and so fearful of dying themselves that they broke down psychologically. Physicians, like soldiers, witnessed the horrors of warfare but bore the added strain of tending to the dying and suffering long after the smoke cleared. Decades after the war, a Confederate field doctor recalled the impact of observing the carnage following a battle: “Oh, horrors upon horrors. Who can depict the horrors of a battlefield after such butchery[?] . . . It makes me sick even now, to think of what I saw that night and the next and the next. I wouldn’t, if I could, describe it.” Field doctors did not experience combat directly, as did enlisted soldiers and officers, but they did deal with the sickening aftermath: scores of wounded and dying soldiers, long hours and days of tending to the ill and wounded, pitiful scenes of mutilated, mangled bodies, blood and amputated limbs. Confederate nurse Kate Cumming described the shocking scenes she encountered following a major battle: “Nothing that I had ever heard or read had given me the faintest idea of the horrors
witnessed here.” In addition to emotional distress, wartime physicians endured exhausting schedules as they cared for the steady flow of wounded soldiers, leaving some doctors severely depressed. The self-proclaimed “rebel surgeon” Ferdinand E. Daniel reminisced about visiting during the war with an “old doctor” who seemed ill, prompting Daniel to inquire about his health. No, he replied, he was not ill. He had just looked “through the wrong end of my retsoscope, contrary to my principles.” In other words, he had paused to contemplate the sights and sounds of the battle-wounded, stirring “a whole lot of unpleasant recollections,” which rendered him despondent. “I haven’t gotten entirely over it.”

Waves of human butchery and protracted suffering tested the limits of many surgeons and may have contributed to suicidal behavior. Several physicians serving in the Confederate army took their lives, although no one at the time seems to have linked the suicides to the experiences of serving as field doctors. Dr. Samuel A. Robinson of Virginia attempted to take his life by cutting his throat in the fall of 1864 while staying at the American Hotel in Richmond. He lingered a few days before succumbing. The Nashville Daily Union reported on November 1, 1862, that a Dr. Allen, an army surgeon in charge of one of the hospitals in Jackson, Mississippi, killed himself by inflicting three wounds in his chest with a lancet. Thirty-five-year-old Lucius Fambro, a Georgia physician and father of four, took laudanum and then fatally stabbed himself twice in the chest in Savannah in December 1861. Physician suicides in the Civil War, like those in uniform, bore testimony to the psychological toll the Civil War exacted from its participants.

Rev. Dr. Robert Woodward Barnwell was not a physician, but volunteered as a chaplain for a South Carolina regiment and recruited hospital volunteers, but like physicians, he witnessed much suffering among wounded and ill soldiers. At the start of the war, Barnwell organized an aid society for supplying and tending to hospitals for the sick and wounded troops from South Carolina and continued with those efforts until his death in 1863. Diarists Mary Chesnut and Emma Holmes lavishly praised Barnwell’s efforts while noting his deteriorating mental state, which may have predated the war but certainly was exacerbated by the war. Holmes recorded in June 1863 that Barnwell was ill with typhoid fever and “almost crazy from the many distressing deaths and other scenes he has so long been a witness of.” Barnwell himself described horrific images after one unnamed battle: “Such a sight as that field of slain I never dreamed of. I counted 100 [dead] Yankees and 26 horses in one spot.” In June 1863, the thirty-two-year-old insisted he be taken to the Western State Asylum in Staunton, Virginia, possibly for the second time. His young wife, quite ill herself and pregnant, and their physicians acquiesced to his wishes. Barnwell died on his second day in the asylum after reportedly
jumping out a window. His wife and newborn died shortly after. Factors contributing to Barnwell’s death are complicated and a bit muddled. He suffered from mental illness before the war. He had a family history of mental illness. He also reportedly suffered from typhoid fever at the time of his death. Importantly, though, his suicide occurred in a war zone. Any preexisting conditions were certainly aggravated by his personal experience in the war and by the dislocations and uncertainty it generated.69

Confederate soldiers, in addition to coping with battlefield trauma, often received heartbreaking news from the homefront that sometimes pushed them over the edge. Captain Thyssent of New Orleans heard in October 1863 that his wife of several years had died. Overwhelmed with grief, he shot himself in the head the night he received the news. The two were buried together.70 William Pitman of the Veteran Reserve Corps became so distressed by an “unfavorable condition of domestic affairs at home” that he requested a furlough to resolve his personal issues. After his request was denied, he committed suicide.71 So while Pitman’s self-inflicted death appears not to have been related directly to war matters, military restrictions on his mobility contributed to his frustration at not being able to return to his home and, eventually, to his death. Southern white men like Thyssent and Pitman had heeded the call to duty, but at the steep cost of abandoning their families and delegating household responsibilities to others, often wives and mothers. The inability to protect loved ones from afar, and thus fulfill one of the most important obligations a Southern white man had, left many a Confederate soldier feeling helpless and guilty.72 Moreover, soldiers on the front relied heavily on connections to kin, largely through letters and word of mouth, for emotional sustenance and continued motivation in the face of trying conditions. News of the deaths of loved ones, especially for those teetering on the edge of emotional survival, had the potential to plunge a warrior into darkness and despair, from which death promised a welcome respite.

The flurry of wartime suicides and the reactions they engendered provide a glimpse into white Southern attitudes toward suicide that suggest the act and those who committed suicide were less stigmatized than in earlier periods.73 Of course, suicides occurred despite pervasive religious and cultural animus. Yet the Civil War stands out as an important turning point in the way white Southerners came to view suicide and helped usher in a more tolerant, sympathetic attitude toward those who died by their own hands, as evidenced by the published accounts of soldier suicides, which regularly treated the victims sympathetically and couched the episodes as tragic. Take, for instance, the suicide of Captain Christopher Fisher of the newly formed Petersburg
Cavalry, a “man of high social position at home.” Fisher first began to show signs of “laboring under mental aberration” as his company faced battle near Pig Point, Virginia, in the early weeks of hostilities. According to a newspaper account, Fisher had become “depressed in spirit” because he feared, rightly, that his company was about to be “cut to pieces by the enemy.” Sympathetic officers and enlisted men, apprehending his weakened state of mind, persuaded him to return home. En route, Fisher drew his pistol, shot himself, and sustained an injury that felled him from his horse. He stumbled, ran a short distance, then shot himself again, through the head, this time fatally. Excessive concern for his company, not fear or shame, the newspaper explained, caused Fisher to end his own life. The newspaper reassured its readers that Fisher “was greatly beloved by his company,” who lauded his bravery. One has to consider, however, an alternate explanation: fear of the impending assault rendered Fisher incapacitated, which in turn left him consumed by deep shame and a sense of disgrace that he failed his men when it counted most. Indeed, in some ways the stakes were higher for officers like Fisher, for their primary role was to serve by example. Yet it appears that Fisher’s men reacted to his mental distress and suicide sympathetically and with sensitivity.

War-generated sympathy for suicide victims is best illustrated by the reaction to the death of General Philip St. George Cocke, the Confederate army’s highest-ranking officer to take his life during the war and whom the Richmond Enquirer venerated as a “martyr to his patriotism as if he had fallen in the field of battle.” Cocke, a planter of enormous wealth, had been an obvious choice to command rebel forces, so shortly after Virginia seceded, its governor, John Letcher, placed him at the helm of the newly constituted Department of the Potomac for the state of Virginia. Cocke’s appointment, however, took place a mere three days before Lee received command of all Virginia forces, and in the transition Cocke lost his rank and much of his responsibility as state militias were folded into the Confederate army, an insult to a man of such high social stature. Still, Cocke soldiered on and performed well at the Battle of Manassas, only to see much of the credit go to P. G. T. Beauregard, another slap at Cocke’s already bruised ego. Cocke returned home for the Christmas holidays in 1861 and took his life.

Southern newspapers weighed in on the cause of Cocke’s suicide, pointing to a preexisting psychiatric condition. Cocke, they claimed, had been for a long time “in a highly nervous condition,” noting that since the outbreak of war “his mind had been flighty,” leading the press to deduce that the act had been perpetrated “under the impulsion of a mental aberration.” Notably, the “naturally nervous” temperament that led to Cocke’s “mental dethronement” and self-destruction was never couched in defamatory terms. Instead of questioning his character or manliness, readers were told that the general’s
“heart and soul were thoroughly enlisted in the noble cause of Confederate independence.” The report lauded him as a “most excellent, conscientious and highly esteemed citizen, eminently public spirited and patriotic.”\(^{78}\) Cocke’s mode of death, reprehensible as it may have been to most Southerners, did not negate his honorable contributions to the Confederate cause.

When Southern newspapers reported on the suicides of Confederates, like those of Fisher and Cocke, they constructed meaning out of the self-inflicted deaths and reconfigured soldier suicides as noble sacrifice, permitting a public expression of sympathy for the victims. On December 14, 1861, for example, the *Richmond Daily Dispatch* reported on another soldier suicide, this one from the 9th South Carolina Regiment. While friends were at a loss to explain why Burgess (no first name is given) killed himself, the newspaper surmised that he was “tired of life, and had concluded to try the realities of another world.” Noting that this was the second such suicide in a few days’ span, the newspaper decried “such deplorable waste of life.” The piece further opined, “Men in war become more reckless of their lives and attempt, through a mistaken notion, to relieve themselves of a burden too heavy to bear.”\(^{79}\) The Richmond paper blamed the circumstances of war, not the soldier’s defective character or masculine failings, for the suicide. Similarly, the *Richmond Enquirer’s* account of General Cocke’s suicide mitigated the victim’s responsibility for the self-murder by explaining that he had shot himself while “under the impulsion of a mental aberration that extinguished all responsibility.”\(^{80}\)
Another measure of sympathetic responses to news of soldier suicides can be found in the local support the victims received after their deaths, indications they were not treated as pariahs for their suicidal acts. A lawyer from Mobile who cut his throat en route to the front was accorded considerable respect following his suicide. Two companies escorted his coffin to the cemetery, where he received military honors. The *Knoxville Register* reported that “a large number of our citizens” attended the funeral, presided over by a minister, suggesting that at least some religious ritual was observed, not always the case in suicidal deaths. In similar fashion, a military detachment accompanied the remains of Thomas Stringham, the twenty-two-year-old Virginia man who killed himself while encamped near Norfolk in October 1861. Members of the Norfolk Tailors Society, in a display of reverence and respect, took part in burial services.

Fellow soldiers, too, often responded with empathy when comrades struggled psychologically or emotionally, some of whom killed themselves. Recall that in the case of Captain Fisher, officers and enlisted men sensed something was wrong and encouraged him to leave the front and return home; some accompanied him as escorts. When Dr. Handy H. Bruce, a forty-two-year-old dentist from South Carolina, experienced a psychiatric breakdown, his friends intervened and successfully solicited their superiors to have him removed to the state asylum. Despite the harsh treatment of “shirkers” and “malingers,” comrades in the above instances demonstrated sensitivity and compassion to men not bearing up emotionally and psychologically, suggestive of a redefinition of martial courage and a relaxation of attitudes toward suicide.

That relaxation, however, was neither complete nor universally accepted by Southerners. Despite evidence that pervasive psychiatric causalities experienced during the Civil War had forced those on both home and war fronts to reconsider their understanding of the meaning of suicide, long-standing associations of self-murder with shame and disgrace continued to shape the way some Southerners received news of soldiers who took their own lives. Lieutenant Colonel Henry A. Carrington, whose company had been under the command of General Philip St. George Cocke, wrote to his wife about Cocke’s suicide, saying he wished Cocke had been killed in battle, a more dignified way to die than suicide. “What a pity that he did not fall in the battle of Manassas!”

A few accounts of Confederate suicides suggest a concerted effort to cloak the real cause of death, intimating embarrassment over the self-inflicted mode of death. Although a coroner’s inquest in Lynchburg, Virginia, found that Alabama soldier Harry Larrantree had committed suicide in January 1862, a newspaper cast doubt on that ruling, insinuating “reasons exist to induce the
belief that it might have been committed accidentally." A Mississippi newspaper reported that James Dumas, the son of a judge, “accidentally” shot himself in August 1862 as he started to the army. “By some means” his gun fired, killing him. The Richmond Daily Dispatch reported the apparent suicide of Samuel Meacham, who died “leaping” from the eighth story of the American Hotel in Richmond, and further offered that “no cause is known to have existed why he should have taken his own life.” Yet an addendum appeared after the initial story, clarifying that the coroner’s inquest concluded Meacham’s death was an accident. Then there is the mysterious death of Corporal A. J. Stamper of the 3rd North Carolina Cavalry. A Tar Heel newspaper characterized his 1863 death as an “untimely end by a fatal mistake in medicine.” While an accidental overdose may have been the culprit, the paper also reported that members of Stamper’s company had met two weeks after Stamper’s death to adopt “resolutions” regarding Stamper’s death. The nature of those resolutions remains a mystery, and there are any number of possibilities. But a suicide might explain the need for Stamper’s company mates to meet, discuss, and agree on a story moving forward.

So while many Confederate soldier suicides were openly acknowledged, treated sympathetically, or even viewed heroically, age-old proscriptions against the act of self-murder and the attendant sense of shame held sway in some quarters, as seen in these apparent efforts to deny the dead men intentionally ended their own lives. Attempts to protect the posthumous reputation of a soldier, and perhaps spare his family the perceived taint of disgrace as well, imply suicide’s lingering stigma in some quarters.

While the war may have prodded a rethinking of views on suicide, few Southerners seemed willing or able to link the war to the mental distress of combatants. Despite empathetic gestures toward soldier suicides throughout the South, Southern newspaper accounts of Confederate suicides at times go to great lengths to avoid connecting acts of self-murder to anything war-related. Sometimes alcohol was blamed, as in the case of the story of a “poor unfortunate soldier” who attempted suicide in June 1862. The man, made “somewhat delirious from liquor,” tied a string to the trigger of his rifle and shot himself in the breast. The report drew no connection between the man’s military experience and excessive drinking or the attempted suicide.

Contemporary observers might blame soldier suicides on “insanity,” but rarely identified war-related trauma as a contributing cause of the insanity. Instead, asylum officials who saw suicidal patients come through their doors identified other root causes of suicide, for example, “ill health.” J. Chesnut Whitaker of the 2nd South Carolina Cavalry arrived at the asylum in Columbia in December 1862 “entirely deranged” and “much disposed . . . to commit suicide.” Although Whitaker’s case history indicates he was a soldier
during the first part of the war, caretakers ignored that factor when considering the likely cause of his insanity and suicidal tendency. Instead, they fixed on his poor health.  

The case of Joseph Henderson shows the lengths to which authorities would go to avoid connecting battle experience to mental illness and suicidal behavior. Masturbation, not alcohol or ill health, accounted for Henderson’s institutionalization. He arrived at the insane asylum at Milledgeville, Georgia, in April 1862 for threatening violence against himself and others. Caretakers attributed the cause of his bout of “insanity” to masturbation, a “habit it is believed he has but recently fallen into.” Even though officials noted that he had served in “[General Sterling] Price’s army” in Missouri, where he had undergone “many fatigues,” they focused on Henderson’s alleged lecherous sexual proclivities as the cause of his compromised mental state, observing that his “sole desire is to gratify the animal appetite.” The following month, admitting authorities at the Georgia asylum failed to link the “insanity” of Floridian Charles Brown to his role as a soldier and instead traced his symptoms to “early exposure after an attack of pneumonia” after which he complained of pains in his head. As with newspaper reporters, even those trained to care for the mentally ill did not connect soldiers’ psychiatric breakdowns and suicidal behavior to their wartime experiences. Targeting triggers seemingly unrelated to wartime experience—alcohol, licentiousness, ill health—permitted those on the homefront to uncouple the psychological manifestations of war trauma from questions about a soldier’s character and manhood and avoid acknowledging that combat might have broken a man’s psyche. In doing so, Confederate civilians may have subconsciously and preemptively deflected insinuations of cowardice or lack of will that surely would have arisen if they had entertained a causal link between psychiatric casualties and soldiering. Furthermore, evidence of those on the homefront being unaware of a correlation between the mental collapse of soldiers and their combat experience may speak to a disconnect, an inability of civilians to comprehend the conditions under which Confederate soldiers lived and fought, about which many soldiers complained. Regardless of the reason for obfuscating or denying a link between a soldier’s psychiatric failing and combat experience, the effect was to inoculate men from insinuations of weakness, cowardice, or effeminacy.

Despite the instances of Confederate soldiers and officers who attempted or effected suicide, their numbers remained small. Thousands more suffered from mental illness or physiological symptoms that today we recognize as attributable to combat stress. The most severe of these cases might result in
soldiers being discharged from service or even institutionalized. Given the dire need for manpower in the Confederate army and judging by the high bar for establishing a soldier’s mental unfitness, those released from active military service must have been severely ill. Take the case of Charles Neil, a twenty-seven-year-old Georgia carpenter who developed a “disordered” mind in the fall of 1861. After about three months, he recovered sufficiently to return to duty, though he relapsed five weeks later and was institutionalized shortly thereafter. Confederate authorities delivered Private John Gatlin of Darlington County, South Carolina, to the asylum in Columbia in September 1862. No description of the farmer-turned-soldier’s mental state appears in the records; however, shortly after his arrival the father of six committed murder. George Mims, a young doctor from South Carolina, never made it out of camp. In April 1864, he was sent to the asylum in Columbia, where he remained until his death in 1892.

Confederate soldiers institutionalized during the war years manifested a wide array of psychiatric symptoms, which generally fell under the umbrella term “insanity.” The psychiatric disorders manifested in myriad social pathologies, most commonly violent and destructive behavior. By all accounts, twenty-two-year-old Noah Tucker had been a “very good soldier” until June 1863, when he began exhibiting signs of “insanity.” The Georgia farmer displayed no tendency to self-injury but was very destructive and violent toward others, so he was admitted to the asylum in Milledgeville. Private Edward Manning of the 1st Battalion of the South Carolina Artillery stationed at Fort Sumter entered Roper Hospital in Charleston in November 1861. Typically, soldiers suffering from severe psychiatric disorders found themselves first delivered to general or military hospitals before being fully diagnosed and transferred to insane asylums. A few months after Manning arrived in Charleston, doctors there pronounced him “incurable” and recommended he be admitted to the state asylum. Fifteen-year-old Joseph Elter, a drummer in the army, wound up at the Soldier’s Relief Hospital in Charleston in December 1864, where his violent behavior necessitated use of a straitjacket. He, too, was transferred to the asylum in Columbia. Officers experiencing psychiatric debility possessed an option enlisted men did not. They could merely resign and return home. Before the war, John Mangham had served as the ordinary of Pike County, Georgia. With the outbreak of war, he enlisted in the 13th Georgia Infantry and served as captain and assistant commissary. He resigned his position less than three years later and returned to his wife and four children, and he was reelected county ordinary. By fall 1864, he exhibited “manifestations of derangement” and landed in the Milledgeville asylum before war’s end. Even though Mangham’s admission record indicates he had served in the Confederate army, the cause of
his condition was listed as not known, unless “it was the anxiety and excitement growing out of the state of the country.”

As these cases demonstrate, a number of Confederate soldiers exhibited extreme manifestations of mental illness that necessitated discharge or hospitalization. Although there are no studies of Confederate standards, policies, and procedures for releasing mentally ill soldiers, there is no reason to believe they were any less stringent than those of the U.S. Army. Union physicians closely scrutinized soldiers symptomatic of aberrant behavior, determined to detect “shirkers” attempting to get out of their assignments. In fact, U.S. policy effectively presumed all those seeking dismissal for mental illness were shirkers and should be returned to duty. One can assume, then, that Confederate soldiers dismissed for showing signs of mental instability were very seriously ill; manpower shortages would have dictated close scrutiny of any applicants for early release from duty. Soldiers like Joseph Garey, a member of the 7th Louisiana who was deemed to be “unsound in mind and an unsafe person to be at large,” filled Southern asylums during the war.

Being wounded in battle could also propel a soldier into a debilitating downward psychological spiral resulting in institutionalization or even suicide. Sergeant Joseph Taylor of Florida, a man in his thirties, sustained an injury at the Battle of Chickamauga in September 1863, though perhaps not severe enough to warrant discharge. He was released from the Army of Tennessee, however, upon the request of Florida officials, who provided documentation that he had been elected sheriff of Jefferson County in absentia. A few months later, while “laboring under mental derangement,” Taylor shot himself through the heart. The Richmond Daily Dispatch reported on a soldier who was hospitalized in the spring of 1862 at Chimborazo Hospital in Richmond for some time and had grown frustrated at not receiving a requested furlough. He ended up cutting his throat.

Although there is no way to know for sure if George Sheridan was traumatized by his experiences in the earliest months of battle in Virginia, he turned up in a Richmond hospital in October 1861 “laboring under mental aberration.” The Alabama soldier eluded the watchful eye of his attendant, escaped, and, dressed only in his underclothes, made his way to the Armory Bridge and jumped into the canal below. He hit his head on a stone wall before plunging into the waterway and drowning.

Witnesses sometimes attributed a wounded soldier’s suicide to unbearable physical pain. Dr. Ferdinand E. Daniel treated Walter Fountain, a Vicksburg soldier whose right lung had been pierced by a minié ball, with a dose of morphine and assured Fountain the medication would soon provide relief. Minutes later Daniel heard the report of a pistol: Fountain shot himself in the head with a pistol he had concealed upon entering the hospital.
tal. The poor fellow was “easy” now, Daniel recalled thinking to himself. Judith McGuire, a Confederate nurse, recorded a similar story in her wartime diary. A young adjutant had been brought to a Richmond hospital with a severe foot wound so painful that he would allow only the ward master to touch it. During the night, while his caretakers, including his sister and brother, slept, he jumped out the window near his bed. He died shortly after being discovered.

Head trauma received during battle might explain some aberrant psychological behavior of Confederate soldiers. Virginia soldier John Dooley, captured at the Battle of Gettysburg and held at a Northern prisoner camp, described the severe head wound and related impairment of a POW: “Here is a poor wounded Confederate who is walking up and down, wandering anywhere his cracked brain directs him. Just on top of his head and penetrating to his brain is a large opening made by a shell in which I might insert my hand. He walks about as if nothing was the matter with him, and pays no attention to any advice given him.” McGuire encountered a soldier in a Confederate hospital who had been struck on the head by a shell. He “has the appearance and manner of imbecility. . . . No relief can be given him.”

Dooley, McGuire, and others readily made the connection between a wounded soldier’s head injury and his peculiar conduct. But most Civil War soldiers suffering from brain trauma manifested no gaping holes in their heads that readily explained their odd behavior. Rather, they suffered from “closed” brain injuries, most likely blast-induced, where the skull was not penetrated. Because closed brain injuries were not discernible, caregivers would not have suspected that brain trauma accounted for unusual behavior in an otherwise obviously healthy soldier. Recent medical and neurological studies, prompted by the large number of brain injuries sustained by soldiers fighting in Iraq and Afghanistan and aided by advances in imaging technology, have documented the structural, neurological, and biochemical effects of blast explosions on the brain—including brain bruising (when the force of an explosion sends the brain colliding with the surface of the skull), hemorrhaging, and swelling; the shearing, tearing, and stretching of axons, the fibers that connect nerve cells; neurodegeneration (when neural fibers break down and cause cell deaths in areas of the brain that affect impulse control, judgment, problem solving, etc.); and the accumulation of abnormal proteins that also impede normal cognitive functioning. Researchers now understand that the line between physiological and psychological damage brought on by explosions is not at all distinct and that there is considerable overlap between psychological war trauma and traumatic brain injury (TBI) symptoms. Recent findings about brain injuries and war trauma, then, can inform our interpretations of Civil War soldiers’ aberrant behaviors.
Take, for instance, the case of forty-five-year-old Charles Prochant, an immigrant from France who lived in Georgia and South Carolina before joining the Confederate army. In December 1866, after having presented with symptoms of mental illness for a year and a half, Prochant was declared insane and admitted to the asylum in Columbia, South Carolina. Asylum officials noted that he had been a good soldier in the Confederate army, and they attributed his compromised mental state to a blow to the head, presumably during the war.\(^\text{114}\) In this instance, caretakers had received specific information about a head trauma, a direct blow, which was deemed relevant to Prochant’s condition. However, not all head traumas were severe or intense enough to be noteworthy. Researchers have shown, in fact, that sustained exposure to blasts can result in mild but recurrent concussions that can cumulatively affect key brain functions. Civil War soldiers would have been unaware that being in close proximity to shell explosions or even in the presence of distant blasts put them in danger of blast-induced brain injuries.\(^\text{115}\)

Confederate soldiers showing signs of psychiatric distress might very well have been suffering from concussion-induced brain injuries. This may have been the case of the Confederate soldier whom agents of “the military” (presumably Union soldiers) conveyed to the South Carolina asylum near war’s end. They believed him to be from Mississippi, although he was dressed, inexplicably, in a Yankee uniform. Identified as George Wright, officials guessed he was about thirty or thirty-five years of age. Nearly ten years later he was still incapable of providing any “information whatsoever concerning himself.”\(^\text{116}\) His amnesia and severe disorientation suggest he may have been suffering the effects of TBI.\(^\text{117}\)

Charles P. Robinson drove a knife into his neck on June 1, 1861, as his company, the Independent Scouts of Mobile, was boarding a train to make the journey from Chattanooga to Richmond. Little is known about him: born in Maine and an alumnus of Bowdoin College, he was a “talented” lawyer about forty-five years of age. He practiced law in Mobile for many years, even serving as the city’s attorney for a time. He never married. The newspaper account of his death reported that he had been “addicted to intemperance” and was in a “state of delirium tremens,” an intimation that this condition contributed to his suicide. More directly linked to his suicide was some teasing by his company that he was a coward. The Alabama lawyer-turned-infantryman insisted that he would show them how a “Roman” would die, and then he proceeded to plunge a knife in his carotid artery.\(^\text{118}\)

What caused Robinson to take his life? What pressures, internal and external, led him to believe that death was the best option for him? Had he been
in a mentally precarious state before the war? Was he experiencing family or relationship problems? Was his law firm financially sound? Was he an alcoholic? Or, had he taken to drink under the duress of war? Was he in good health? Why did his company mates conclude he was a coward? Was he showing signs of fear? Did he articulate worries about heading to the front? The answers to these questions are unknowable. What is knowable is that Robinson’s decision to end his life took place in a war zone, just as his company was departing for the front, implying a connection. And it came amid accusations that he lacked courage. His self-inflicted death needs to be understood in the context of gendered and cultural expectations: a white man of standing in the South, whose reputation and self-worth rested on what others thought of him and whose masculine identity in war hinged on his fulfilling his martial duty. Whatever personal circumstances he carried with him to the recruiting station in Alabama, it was the experience of marshaling for war that lowered his threshold against self-destruction, the trigger that propelled him to drive a knife into his neck.

Robinson’s own words and actions before killing himself reflect an effort to affirm his manhood and mastery amid the dislocation and uncertainty of war. By invoking the image of a “Roman” suicide, Robinson drew on heroic models from classical literature and history, a staple of young elite men’s education in nineteenth-century America. Stoic thinkers embraced suicide as a reasonable, even admirable, moral choice under certain circumstances, a way to restore one’s honor. Cato, for instance, approved of suicide as a means of escaping personal humiliation and enhancing one’s dignity, honor, and virtue. In comparing his own suicide to that of a “Roman,” Robinson was embracing the classical moral view of suicide as honorable and courageous, which ran counter to the Christian view that claimed just the opposite, that suicide was dishonorable, selfish, and cowardly. Robinson’s proclamation before death also hints that he imagined his method of self-murder, cutting his throat with a knife, the same method employed by so many other Confederate suicides, to be linked to the Roman tradition. Cutting one’s throat was a very deliberate and controlled, quite gruesome, and decidedly masculine act.

Suicide offered Southern men a way to maintain mastery and control over their deaths amid circumstances that were disordered, frightening, and capricious. As Kenneth S. Greenberg has argued, Southern white men admired those who faced death bravely, calmly, and with resignation. Death by one’s own hand assured a soldier that he, not the chaotic, uncertain, and unpredictable conditions on the battlefield, would determine his fate. Crucially, he could control, to a degree, his posthumous reputation by avoiding what many soldiers feared more than death itself: a cowardly display on the battlefield.
Suicidal soldiers, it would seem, defiantly took their own lives to retain mastery and control over the final moments of their lives—to avoid shame, to relieve themselves of paralyzing anxiety, or to liberate themselves from trauma-induced madness and to seek solace in a reconfigured, reimagined “good death.” Given a choice, a good death trumped a dishonorable life. As a Mississippi sergeant explained to his sister, “Life is sweet but I would alwa[y]s prefer a honorable death to a disgraceful and shameful life.”

Wartime suicides, reimagined in classical terms, not only allowed soldiers to reclaim their manhood, but also helped reconcile their deaths with the Victorian tradition of *ars moriendi*, the “good death.” Victorian Americans adhered to rituals at the time of their death, among these, dying in the presence of family members, accepting death gracefully, facing death bravely, and demonstrating their religious convictions. As Drew Gilpin Faust has shown, the Civil War complicated the “good death” in many ways. Soldiers died far from home, without the support of their families. They died suddenly and so lacked the ability to prepare adequately for death. Many, many died brutal, torturous deaths, depriving them of the ideal peaceful, dignified death. Confederate soldiers who ended their lives by their own hands reclaimed some elements of the good death in the process while denying battle the power to randomly and savagely pluck them from this earth. With suicide, death preserved honor and replaced a coward’s death with that of a hero. In committing suicide, many Confederate soldiers acted on the precept “death before dishonor.”

While not casting the soldier suicides as heroic, newspapers nonetheless mourned the loss of the Confederacy’s sons, whom they regarded as honorable men, often revered and loved by comrades and community members. The deaths of Confederate soldiers and officers who died by their own hands were no less lamentable than those who died by a sniper’s bullet, an exploding shell, or contracting typhoid in camp. Although soldier suicides might not have been heralded as heroic in the classical tradition, they nonetheless were viewed as tragic and honorable. This change in the cultural meaning of suicide signaled an expansion of the “good death,” which now had begun to encompass self-murder, at least when committed by men in uniform. The Confederate soldier who died by suicide, such as Philip St. George Cocke, came to be viewed as any other casualty of war—as a “martyr to his patriotism.”