Aberration of Mind
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PART III

Confederate Men and Women in the Aftermath of War
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Chapter 5

The Accursed Ills I Cannot Bear

Confederate Veterans, Suicide, and Suffering in the Defeated South

In every war in which American soldiers have fought in this [twentieth] century, the chances of becoming a psychiatric casualty—of being debilitated for some period of time as a consequence of the stresses of military life—were greater than the chances of being killed by enemy fire.

—Richard A. Gabriel, No More Heroes

Civil War veterans, like veterans of modern wars, contended with the emotional and psychological impact of military experiences, which hindered readjustment to civilian life after the war.1 The historical record leaves no doubt that Confederate veterans suffered from an array of emotional and psychological ailments, including post-traumatic stress disorder (PTSD). Returning soldiers exhibited a variety of symptoms that today are readily associated with combat stress: despondency and detachment, anxiety, sleeplessness, mania, violent behavior, irritability, delusions and paranoia, hypervigilance, depression, and alcoholism.2 These combat-related symptoms in turn contributed to social pathologies like domestic turmoil, an uptick in violence, alcoholism and drug abuse, and incarceration. In severe cases, Confederate veterans afflicted with psychological distress ended up in asylums and/or engaged in suicidal behavior.

The physical and psychic costs of war and defeat contributed to a crisis of manhood in the former Confederacy. Southern men and boys had gone off to war convinced of their individual and national invincibility and superiority.3 They returned home, many of them, physically and psychologically impaired, jarred by defeat, and despairing for their fledgling nation that lay in ruin. As men steeped in honor culture, surrender was hard to swallow. Moreover, soldiers and civilians alike had been transformed by war—and defeat. Gender roles had been upended; the edifice of paternalism lay in tatters. Men returned to their families expecting to lead the return to normalcy: they would pick up the plow lines, repair fallen fences, shoe the horses, negotiate with creditors. They would relieve their wives, who had stepped in as wartime
household heads, and get to know their children anew. But much had changed, including the end of slavery. Mastery would need to be reconfigured and redefined, households and families rebuilt. How would Southern men redefine themselves in this New South when the terms were so very different from when they first took up arms?

Confederate veterans returning home also faced the expectations of their families, communities, and, most importantly, themselves. Would they be able to readjust to civilian life? How would they manage the emotional scarring and physical wounds in a society that venerated corporeal and temperamental prowess and strength, and in a culture that insisted men repress their anxieties and fears? Modern scholars of combat stress caution that veterans’ ability to manage their trauma exposure is tied to many variables, including the cultural norms and expectations of the society to which they return. These “cultural signs, systems, and beliefs” shape the meaning of their suffering. The cultural proscription against men acknowledging, let alone articulating, fear, anxiety, or depression bequeathed veterans few productive outlets for their emotional suffering and rendered many veterans in pain ill-equipped to face the responsibilities of provider and protector and fulfill the roles of father and husband. So when they failed—through an inability to secure employment, by becoming reliant on their wives for financial support, or being unable to navigate a world without slave labor—disturbances and acrimony often seeped into households and communities in the forms of alcoholism, violence, domestic abuse and discord, and suicidal activity.

Readjustment to civilian life proved arduous under the best of circumstances as soldiers, changed indelibly by war, struggled to reconstitute their marriages, families, and communities. Confederate veterans afflicted by war trauma faced additional challenges including returning home to find widespread physical devastation and financial ruin that impeded readjustment to civilian life and compounded their emotional and psychological distress. Many soldiers returned to find their dwellings demolished or in ashes, their fields in ruin. They also faced defeat, unlike Union soldiers, who returned home victorious. By contrast, Southern soldiers limped home in humiliation. Their chief form of wealth, slaves, had been stripped from them, along with suffrage and political rights. They were a subjugated people. Many a Southerner, like young Susan Bradford, witnessed the bittersweet homecoming of male relatives and commented on the demoralized and dejected demeanor of soldiers returning to her neighborhood: “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?”

Bradford could easily have been describing John Mangham, a Confederate captain from Georgia. Like many of his comrades, by war’s end he had
become despondent, withdrawn, and physically weak. Just days after Lee’s surrender, Mangham entered the state asylum. The father of four had served in the Confederate army until January 1864. It was not until that fall, though, that he began manifesting mental illness. Asylum officials nodded to the “anxiety and excitement growing out of the state of the country” as an explanation for his symptoms: he slept little, was feeble, and was gripped with the kind of physical and mental despondency that today would be attributed to PTSD.⁹

Medical practitioners in the mid-nineteenth century, of course, knew nothing about PTSD, so they did not interpret depression, restlessness, night-mares, or extreme anger by ex-soldiers as war related. Yet there can be no doubt that much of the pathology exhibited by many Confederate veterans was linked to the trauma of war and its fallout. The historical record reveals a pattern of post-traumatic psychopathology among veterans like John Mang-ham that played out in Southern homes and communities, impeding sol-diers’ ability to readjust to and reintegrate into civilian life.¹⁰

White Southerners widely reported on the malaise gripping ex-Con federates following the defeat of the South, but other, more serious manifestations of the psychological toll on soldiers can be noted as well. One measure of that perceived spike in war-related mental illness was the in creased number of applicants to insane asylums. Following the war, a gen eral impression existed that war-related “insanity” was on the rise in the South.¹¹ The South Carolina correspondent for the New York World claimed in July 1865 that Southerners had gone “mad by the dozens,” as evidenced by the full asylum in Columbia.¹² Asylum directors throughout the South sounded the alarm about new pressures placed on existing facilities after the Civil War. The board of directors’ president at the Eastern Lunatic Asylum in Virginia confided to his governor in 1870 that insanity had increased since the war. Jails throughout Virginia, he reported, bulged with the mentally ill not fortunate enough to land asylum beds, signaling the need to enlarge the asylum.¹³ Even before war’s end, the head of the North Carolina asylum had grown concerned about the need for a dedicated insane asylum for Confed erate soldiers based on the recent admissions of soldiers to that state’s insti tution. Nodding to the war as the cause he opined, “Among the countless evils of this great strife, our noble Asylum is struggling to alleviate the sorrows of the unfortunate insane.”¹⁴

Even though Southern “lunatic asylums” welcomed scores of former soldiers after the war rarely did asylum caregivers correlate an inmate’s mental impairment to his military service. When they did, they usually sought somatic explanations, such as gunshot wounds or exposure to the elements, to explain veterans’ irrational or aberrational behavior. Take the
case of twenty-five-year-old James Wellborne, a South Carolina farmer institutionalized in 1871 due to acute mania, believed to have been caused by “exposure” while in the army, not by the military experience itself. Unaware that a soldier’s lived experience could cause mental debility, family members and asylum workers alike looked for tangible explanations, like exposure or physical injuries.

Overwhelmingly, Southern veteran asylum patients presented with histories of violence, often committed against family members and sometimes themselves. Violent men jeopardized family and community stability and safety while hampering the transition to peacetime. When families could no longer control their volatile male family members, they turned to asylums as a last resort, including the asylum in Milledgeville, Georgia, which saw its fair share of ex-soldiers come through the doors. Thirty-three inmates admitted from April 1865 to June 1872 can be identified as having served in the Civil War. Of these, twenty-five were described as violent or very violent or had attacked or assaulted persons, many of them family members. The post-war South had no monopoly on violence, of course. Violent behavior permeated large swaths of postbellum America. Eric T. Dean Jr.’s sample of Indiana veterans, for example, found that 40 percent attempted or committed violent acts, while another 21 percent threatened violence. The small sample of veterans at the Milledgeville asylum suggests a higher rate of violent behavior, about 76 percent.

Witness the story of Alabaman William James, who showed the first signs of derangement 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 chronic diarrhea. Upon his return home his mind became “much disordered.” James persevered nonetheless and put in a good crop that fall. Less than a year later, though, he exhibited menacing behavior, threatening the life of his father, among others. He also threatened arson and endangered his own life by jumping into a well. Asylum officials noted that while James had been a masturbator and used tobacco in the past, both commonly associated with insanity in males, it was believed he had abandoned both, implying they were unsure of the causes of his debility.

Trauma-afflicted veterans directed much of their menacing rage toward family members, making reintegration challenging. After repeated attempts on his father’s life, James Payne from Georgia was institutionalized. Actually, he was sent home from the army in 1863 because “his mind became affected.” In time, his behavior grew worse. Payne became “uncontrollable.” Payne’s family, like the families of other psychologically disturbed veterans, had him incarcerated in the local jail to contain him. Four years later, after a foiled escape attempt, his family finally committed him.
Sometimes acts of violence grew out of delusional paranoia, the type typically associated with severe cases of PTSD. John Williams manifested classic post-combat symptoms including hypervigilance when he entered the Georgia asylum in 1871; he was “constantly frightened,” apprehending injury. In fact, he had been wounded several times in battle, so his display of post-war psychological startle is consistent with his extensive medical record. Chronic fear, especially the fear of being killed, is a common delusion that plagues combat veterans. Acting on delusions that others were trying to harm him, Williams seriously injured his imaginary attackers, while at other times he begged people to kill him to free him of the constant dread that plagued him day and night. In an agitated state, Williams succumbed to the delusions and eventually cut his own throat. Forty-year-old Joseph Pearman, a harness maker from Petersburg, shot himself in the head in 1875 after protesting that “someone was coming out from the city to kill him.” Suicidal, depressed, troubled, and restless, Pearman had recently separated from his wife, prompting speculation that “domestic infelicity” was to blame for his altered state of mind.

Family members attempted to restrain menacing male relatives at home as long as possible. Sometimes years elapsed before mentally ill veterans, like Neal Story, received treatment at a residential facility. Story had exhibited “peculiar” behavior during the war. A teen at enlistment, those around him remarked that he was “wanting in his former energy and activity.” After the war, Story worked as a farmer. Symptoms did not worsen until the summer of 1872, when he complained of “feeling badly” and that “his mind” was “sometimes temporarily not right.” Outbursts of violence ensued; Story threatened to kill family members and to burn down the house. Those spurts of violence were short-lived and only occasional, but by the following spring, his violent behavior necessitated constant restraint. In fact, he had been confined for four months in a log cabin built expressly to confine him. When he arrived at the Georgia asylum in April 1873, he was listless and disinclined to move or talk and ate and slept erratically.

Confederate veterans in a state of emotional turmoil frequently threatened the safety of those closest to them, but many former soldiers turned their rage inward and responded to their emotional agony by resorting to self-injury. Suicidal behavior, an indicator of PTSD, occurs at a higher rate among veterans than the civilian population. In one study of Vietnam veterans suffering from PTSD, for example, one-fifth of the cohort had made suicidal attempts and another fifth was preoccupied with suicidal thoughts. Lack of data precludes a quantitative study of suicidal behavior among Confederate veterans, so no systematic study on suicide and Civil War soldiers exists. Eric T. Dean Jr.’s sample of Indiana Civil War veterans, though, is suggestive.
Dean found that 51 percent of the men either attempted or completed suicide or were suicidal. The sample of patients identifiable as veterans at the Milledgeville asylum reveals that about one-third of those hospitalized from 1865 to 1872 were suicidal. Note, however, that Dean’s Indiana veterans were tracked well into the twentieth century, over a much longer period of time, so the Georgia figure of 30 percent is most certainly low.

Anecdotal accounts and asylum records substantiate significant suicidal activity among Confederate veterans. The case of Albinus Snelson epitomizes the suicidal spiral of a former soldier after the war. Snelson’s demise began during the war shortly after the teen enlisted and earned him an early discharge and, later, entry into the Milledgeville asylum. He made clear his intention to destroy himself and, while in the asylum, tried to burn himself and several times attempted to throw himself out of windows. After years of a recovery-and-relapse cycle peppered with multiple suicide attempts, Snelson finally succeeded in ending his life in August 1871 by ingesting strychnine.

Institutionalization ensured a paper trail of an ex-Confederate’s mental collapse. Not all troubled veterans documented their decline in medical records. Completed suicides of former soldiers regularly appear in Southern newspapers, such as the Richmond newspaper that struggled to explain the suicide, a “very deliberative” act, of William T. Davis in May 1872. The puzzled reporter posited that Davis had never shown any “aberration of mind” that would contextualize the violent death for his readers, although Davis had expressed suicidal wishes often; he “frequently avowed his intention of killing himself.” While the newspaper disavowed knowledge of motivation for Davis’s suicide, his service record, while devoid of any obvious markers of trauma, may provide clues. Davis enlisted in the 4th Virginia Cavalry in 1861 and served for the duration. He suffered from a bout of typhoid fever later that year and convalesced at home before returning to duty. In June 1862, he was promoted to second master sergeant but became ill again later that year. Nothing further appears in Davis’s service record until he was paroled after being captured (or surrendering) at the end of the war. There is no evidence that he was taken prisoner or suffered serious injury. Yet seven years later Davis tied a string around his foot, attached it to the trigger of a double-barreled shotgun (somehow managing to fire both barrels simultaneously), and shot himself in the head.

Richmond newspapers reported on the suicide of a man who may have been a Confederate veteran. An Alabama “gentleman” blew out his brains in the city in 1867 by placing the muzzle of the gun underneath his chin and firing with his foot. Identified as thirty-year-old merchant D. M. Crawley, the Alabama native had taken up residence in the area “since the close of the war.” In August 1866, just a little over a year after the war ended, thirty-five-year-old Edward Weeks from Petersburg, Virginia, approached...
his eleven-year-old son, George, kissed him, and told him good-bye, explain-
ing that he would not be with him another night. That evening, Weeks’s
wife, his second, whom he had just married the year before, witnessed him
taking morphine pills. As soon as her husband fell asleep, she sent for physi-
cians, but they failed to save Weeks, who succumbed to the overdose.\(^\text{29}\)

When Confederate veterans killed themselves, rarely did witnesses or
reporters attribute the incidents to the psychological scars of war. One
notable exception was the case of a thirty-eight-year-old Irish grocer from
Lynchburg, Virginia, who cryptically hinted to friends that his suicidal im-
pulse emanated from his experience in combat. C. N. “Neal” Shannon re-
marked that he had witnessed a member of his company get “shot through
with a cannon ball.” He wished to die that way, too. Shannon got his wish,
sort of, as he shot himself in the head with a five-shooter after staying up all
night playing bagatelle.\(^\text{30}\)

A propensity for self-injury among Confederate veterans did not always
prove fatal. John Sharpe ended up in an asylum in 1866 after he savagely beat
one of his own fingers upon claiming to have been assaulted by nine “railroad
men” after the war. The attack on Sharpe came on the heels of being taken
prisoner by Sherman’s troops for about six months, during which time he was
“very badly treated.” Sharpe’s self-mutilation landed him at the Milledgeville
asylum.\(^\text{31}\) Sharpe had been admitted earlier, during the war, when he threat-
ened to cut his own throat, but was released several months later. One of
Sharpe’s fellow inmates in 1866 was J. F. McCrary, a twenty-two-year-old vet-
eran from Georgia, who threatened violence against others but also at-
tempted to hang himself.\(^\text{32}\)

Extreme reactions to war trauma like suicide were not always generated
by exposure to battle. Men, many quite young, were thrust into unfamiliar
circumstances that required steely comportment and quick decisions under
pressure. Some faltered under the strain and left the military dishonored by
their public missteps, which likely followed them home after the war. Thomas
Peters’s tragic, self-inflicted death in 1866 seems linked to his short-lived but
failed stint as a Confederate officer. Peters enlisted at age nineteen in a light
artillery unit from Tennessee and was promoted quickly, despite his youth-
fulness, to lieutenant, but he left the army in 1863 shortly after enlisting, os-
tensibly for medical reasons. He received a disability certificate due to
“intermittent fever” and “disease of the genital system,” as well as great
“mental anxiety.” Granted a sixty-day medical furlough, Peters did not return
to duty and so was considered AWOL. The captain of his unit complained
that from the time Peters arrived in January 1863 until October of that year,
ill health kept him from active duty for all but two weeks. As a result, the com-
mander, W. L. Scott, frustrated with Peters, requested a board review of his
performance in order to “relieve the army of disqualified, disabled, and incompetent officers.” Another officer named Polk, however, lobbied for an honorable discharge, claiming that Peters was incapacitated in Arkansas and assured others that Peters had indeed supplied the proper paperwork substantiating illness. Polk attested to Peters’s “gallantry” in the field, possibly stipulated as a result of questions about his bravery, and recommended that the young officer, gravely ill, be honorably discharged so that he could be nursed and die at home. General Braxton Bragg, head of the Army of Tennessee, declined to review Peters’s case, stating that he was clearly AWOL and so could be dismissed by general order instead. Peters’s military record, thus, was tainted and likely dogged him after the war and may have played a role in his suicide in Memphis in April 1866, although the newspaper reporting his suicide made no mention of his blighted military record. The biggest clue, however, that wartime events contributed to his death was that before he shot himself behind the ear, he dressed in his full Confederate officer’s uniform.

Another form of self-destructive behavior among Confederate veterans was alcohol and drug abuse. Today alcohol and drug use by soldiers and veterans is understood as an attempt to self-medicate, to numb oneself from the traumatic memories of warfare, but in the nineteenth century, substance abuse, especially alcohol, was viewed, not as a symptom of mental illness but rather a cause of mental illness. Veterans who drank excessively were usually diagnosed by asylum caregivers as intemperate, which was then attributed as the cause of insanity. Nineteenth-century medical professionals looked no further than intemperance, widely regarded as a moral failing, and therefore did not consider that war-related conditions may have precipitated or aggravated the alcoholism.

Postwar Southerners noted the rise in alcohol use and abuse, which they affiliated with war-related suffering. One South Carolinian writing in 1877 noted that after the war “Southerners were driven to drink deeply by their misfortunes” and that “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 rise because of the Civil War and its aftermath. Maria Louisa Fleet, writing in January 1867, characterized the men of King William County, Virginia, as “dispirited” and believed them “drinking very hard.” Ex-Confederates turned to alcohol to escape an array of societal and personal problems after the war. Virginia Turnstall Clay grappled for years with her husband’s postwar drinking. Clement C. Clay, a Confederate senator, had been arrested and imprisoned for nearly a year at war’s end. The loss of the war, coupled with his personal financial burdens, greatly depressed him, and he turned to drinking.
Carolina weathered her husband’s brooding and immobilizing depression after the war that was almost certainly exacerbated by a drinking problem.\textsuperscript{39}

Whether alcohol abuse in the postbellum South can be attributed to post-combat disorders or to the depressive malaise that engulfed the region during Reconstruction, more Southerners, especially men, imbibed excessively. Evidence that alcoholism emerged as a postwar psychosocial pathology is seen in the significant number of Southern asylum inmates admitted with extensive alcohol and drug use, which was seen as unrelated to the war. Rather, alcohol use itself was viewed as a cause of insanity. Asylum caregivers failed to consider that veterans’ drinking habits might have been linked to the stress and anxiety from combat experience. Drinking, and not a two-year stint in the Confederate army, explained veteran B. W. Johnson’s unbalanced state of mind. Officials admitting the former soldier to the asylum attached his erratic and violent behavior—including shooting someone “simply because he had the same name as the Prophet Daniel”—to drink. Admission records described Johnson’s alcohol consumption as excessive; he drank a quart of whiskey at a clip.\textsuperscript{40} Caregivers at the Georgia asylum also seemed oblivious to the service record of Hugh Lewis, though they conceded that when he returned after the war, “his mind was somewhat affected.” A recent (postwar) indulgence in liquor had made him excited and violent, followed by an “apathetic condition in which he [was] indisposed to notice anything or to speak very rarely.”\textsuperscript{41}

Even though neither laypeople nor medical experts correlated alcohol abuse among veterans to their military experiences, the Civil War as a referent for the onset of heavy drinking in patient histories is indirect evidence of the connection between drinking and combat experience. The medical records of William Dickson focus on his recent habit of drinking as the cause of his admission to the asylum. A closer reading reveals that his mood had become markedly depressed by war’s end, predating his alcoholic binges, and in all likelihood contributed to his alcohol abuse. An enthusiastic volunteer, Dickson “entered into the struggle with all the zeal and earnestness of his impulsive nature,” serving as captain in the 63rd Georgia Regiment. By the close of the war, his exuberance had yielded to melancholy, as he had become “deeply chagrined and depressed.” For the first time in his life, the twenty-five-year-old turned to alcohol and drank excessively.\textsuperscript{42} Patient Dr. Lewis D. Faver had been a non-drinker until the war, when he began drinking heavily. At age thirty-eight, the physician was declared insane and institutionalized in 1873.\textsuperscript{43} Anna Maria Green, the daughter of the superintendent of the Georgia Lunatic Asylum, met her future husband there while he was a patient receiving treatment for inebriation. 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 proved to be “gentlemanly, [a] well-behaved young man”—except when he drank, which sometimes prompted serious acts of violence.44

The incapacity to comprehend the impact of emotional trauma on a soldier’s psyche, coupled with the lingering association of alcohol use with immorality, blinded caregivers and family alike to the root cause of Confederates’ mental anguish, war. Intemperance became an easy, shorthand explanation for insanity, as in the diagnosis of George N. Washington. Admitted to the asylum at Milledgeville in April 1867, Washington had been symptomatic since his return from the war. While intemperance was blamed, records show that Washington suffered head trauma on several occasions, once the consequence of standing too close to the detonation of a cannon. Like many alcoholics, Washington had become violent as well as suicidal.45 John Steele ended up in the Georgia asylum just months after the surrender at Appomattox. He was not suicidal, but rather predisposed to commit acts of violence. His insanity was blamed on the twin sins of masturbation and “excessive use of ardent spirits.” No mention appears in the medical record of his having served in the Confederate army, even though he enlisted in 1861 and served for the duration. As a soldier, he spent time in hospitals, once for an undisclosed wound, another time for scabies. He was captured near Gettysburg and held as a POW for nearly a year. Like many veterans struggling after the war, he turned to drink, which fueled his violent outbursts.46

Postwar Southerners decried the high social cost of intemperance that too often led to death, sometimes in the form of suicide. A postbellum suicide in 1871 linked to drunkenness prompted a letter to a Virginia newspaper prodding Richmond city officials to utilize jails to detain drunks because so many go on to commit suicide. The “habitual use of mean whiskey” was giving rise to “many suicides.” If something was not done, “suicidal mania” would grip the city.47 Similar concerns arose in Atlanta when Henry Grubb attempted suicide in that city in 1873. Grubb cut his throat, but not fatally. His “rash act” was blamed on “recent spells of drinking, coupled with lack of employment.” Only twenty-four at the time, Grubb probably would have been too young to have participated in the war, but the carpenter had difficulty finding work in the postwar era and, like so many others, found solace in a bottle and, under the influence, tried to kill himself.48

John Garrett, a veteran, arrived at the Georgia asylum in 1872 presenting with neurological, psychological, and sociopathological symptoms, as well as a drinking problem, all common signs of adjustment issues for soldiers, though the connection to war went unnoticed. He had been in the army and at some point during the war developed “epileptic convulsions,” which care-
givers attributed to intemperance. Seizures take many forms and can be trig-gered by myriad factors, but their onset during the war might augur a causal connection, either as a psychological or physiological response. Some PTSD sufferers experience dissociative seizures, which are precipitated by traumatic events.49 Alternatively, Garrett may have suffered a concussion, or a series of concussions, on the battlefield, which could explain his “convulsions.”50 Care-givers, though, again conflating symptoms with cause, privileged intemper-ance. Garrett’s indulgence of “alcoholic stimulants” to “great excess,” another sign of maladjustment to civilian life, could well have arisen in an attempt to self-manage his postwar condition. Garrett’s admission report also revealed that he had separated from his wife and family. Family breakups are common in households with men suffering from war trauma, and because the record also explains that Garrett was “disposed to fight,” the Garrett household was likely violent, which may have prompted his exit from the household. Garrett died in the asylum three years later.51

Less commonly than alcohol, though just as addictive and destructive, Confederate veterans sometimes abused opium. Before the war, opium users in the United States, primarily women, were vastly outnumbered by consumers of alcohol, abetted by an abundance of cheap whiskey. By one estimate in the 1820s, there was one opium “eater” per thousand drinkers.52 After the Civil War, many, like Horace B. Day, believed that the war had con-tributed to the recent uptick in opium users. “The events of the last few years have unquestionably added greatly to their number. Maimed and shattered survivors from a hundred battle-fields, diseased and disabled soldiers released from hostile prisons, anguished and hopeless wives and mothers, made so by the slaughter of those who were dearest to them, have found, many of them, temporary relief from their sufferings in opium.”53 Whether or not the Civil War triggered increased opium use, opium addiction became more visible in the 1870s.54 With the increased visibility of opium addiction, the demographics of the users shifted from women to men.55 Wounded veterans, like A. G. Ewing, sought relief from physical suffering through opium. For a decade, Ewing relied on opium to alleviate pain following the amputation of a leg during the war, a reliance that led to an addiction and eventually to his death. The former cavalry officer killed himself by inhaling chloroform, according to one account. Another blamed an opium overdose. Either way, the reports concur that he had become addicted to opium following his release from the Confederate service.56 Opium addiction landed Robert C. Brown, a forty-five-year-old farmer from South Carolina, in the asylum in Columbia in 1868.57 Such was the fate of John Sitgreaves Green, too. The wounded veteran turned to opium and then alcohol for pain relief. Addiction followed, and he was institutionalized in 1877.58 Lafayette F. Beach, a former Confederate soldier
and opium addict, likely committed suicide in New York City in 1881. Reportedly, he had on several occasions tried to kill himself by overdosing on opium.\textsuperscript{59}

Substances like alcohol and opium produced or exacerbated mental health issues, of course, but they also contributed to suicidal activity by diminishing inhibitions against self-harm. The capacity veterans found to kill themselves in a drunken stupor eluded them in sobriety. Thomas Jenkins, a mechanic living in East Selma, Alabama, committed suicide in 1873 by ingesting laudanum. The newspaper account surmised that he had been made “crazed and desperate by the whisky.”\textsuperscript{60} Clark Brown, a carpenter from Louisville, intentionally drowned himself, also “while crazed with whisky.”\textsuperscript{61}

Substance and alcohol abuse by veterans also hindered their ability to secure and maintain gainful employment after the war. The inability to hold a job jeopardized a veteran’s ability to provide for his family, which initiated a cycle of depression and stress that often fueled marital and familial discord, compounding problems that veterans faced after the war. John E. Jackson, twice captured during the war, had lapsed into “gloomy and depressing melancholy” after he had been fired from his railroad job in July 1873 for intemperance. He ended his life by shooting himself in the chest with a “duck gun.” Addie Jackson, the deceased’s wife, recounted how her husband openly talked about suicide and questioned her about which method of death would be “easiest.” He opted for gunshot.\textsuperscript{62}

Asylum physicians, as well as loved ones, may have been simply unwilling or unable to locate the cause of a veteran’s aberrant behavior in his military experience and relied instead on simpler explanations of moral failing. Ascribing violence and erratic actions to drunkenness or addiction had the effect of safeguarding veterans from questions about their manliness. Rather than admit that Southern men had been emotionally damaged by their experiences in battle, a concession that likely would have impugned their masculinity, Southerners conspired, knowingly or not, to shield veterans’ reputations and masculine selves. Drinking in excess or opium eating remained within the boundaries of acceptable male behavior; collapsing in consequence of soldiering, a form of cowardice, was not.

Southerners failed to grasp the causal connection between a veteran’s mental debility and battle experience, with two noteworthy exceptions: soldiers who had been wounded or captured during the war. Postbellum Southerners could more easily comprehend an ex-soldier’s psychological distress if it could be attributed to injury or blamed on horrific conditions in a Union prison camp, both of which fell outside the control of soldiers. Quite a few asylum patients
or suicide victims had been held as prisoners of war or suffered from war-related injuries, which medical practitioners and laypeople understood contributed to their insanity.

Horrific conditions at POW camps had been widely publicized during the war: newspapers regularly printed accounts of indignities and atrocities, so Americans knew of the wretched state of prison camps. In particular, a bitter congressional debate in 1876 over amnesty for several Confederates raised the issue of conditions in both Northern and Southern POW camps, and received considerable attention nationwide. After the war and throughout the nineteenth century, exposés on Northern camps appeared as former prisoners published recollections of their experiences. They described great physical and emotional suffering caused by exposure to the elements, rampant disease, rodent infestation, poor diets and starvation, overcrowdedness, boredom and inactivity, lack of privacy, and brutality by guards. Confederate POWs returned home emaciated, exhausted, and weak, the result of neglect, malnutrition, and disease, evidence of poor treatment by their Northern captors. A range of psychiatric symptoms among former prisoners soon indicated that rest and food alone would not heal the less apparent hidden wounds.

Studies of modern prisoners of war offer insights about the conditions of captivity that can help explain why Southern POW survivors seem to have been at risk for psychiatric debility. POW experiences have varied widely, but share some features. Their capture usually occurs on top of the experience of war trauma, so they return home victims of both battle trauma and captivity trauma. Many have undergone torture, humiliation, isolation, loss of freedom, and extended periods of boredom and monotony and were subjected to total control, causing severe traumatization and contributing to very high rates of PTSD symptoms and for periods well past their release. Studies of former POWs from recent U.S. wars indicate high rates (from 46 percent to 90 percent) of PTSD, with nearly one-third meeting PTSD criteria forty to fifty years after release. A significant percentage, 37 percent, of former twentieth-century POWs also suffer from alcohol abuse or dependence throughout their lives. Researchers conclude that captivity produces “deep and abiding pathology,” quite possibly because prisoners of war suffer the worst traumas experienced by humans.

The pathologies attributed to modern POWs reflect the experiences of many Confederates held in Northern prison camps. Freed Confederate prisoners returned home with both the physical and psychic manifestations of trauma and abuse. Southerners often viewed former POWs as victims not responsible for their own suffering, a perception that was facilitated by shifting blame to Northern captors. Family members of former POWs regularly attributed the erratic or troubling behavior of their ailing male relatives to
their stints in Northern prison camps. Asylum officials and others therefore gave due consideration to the experience of captivity when assigning causation in insanity cases. Unlike other episodes of (likely) PTSD, which largely were blamed on moral failings and constitutional weakness, ex-prisoners who suffered psychologically often were viewed as victims of the former enemy. Of course, the belief that imprisonment explained aberrant behavior of former POWs could also privilege the impact of the physical effects of detention, primarily deprivation and exposure, rather than the lived experience itself. For example, when former POW Tom Fershner was deposited at the Columbia asylum after the war, attendants ascribed his mental illness to the “effects of imprisonment.” Daniel Mullings also entered the South Carolina asylum shortly after the war, suffering from insanity due to “long commitment in one of the Northern prisons.” Iverson Holt was only nineteen when admitted to the Georgia Insane Asylum in 1866. At fifteen, he enlisted in Gordon’s Brigade, was captured at Gettysburg, and was imprisoned for about six months. He returned to duty and was wounded late in the war. Holt survived and obtained a railroad job after the war, but for no obvious reason he left that job, wandered about aimlessly, and became excitable, noisy, and disposed to strip himself. The Macon native had only recently begun to talk about his army experience, implying a link between his erratic behavior and military service.

The willingness to concede the psychological impact of the POW experience had its limits in nineteenth-century medical circles. Asylum caregivers could easily vault over a veteran’s ex-prisoner status and arrive at a non-war-related cause of insanity. Michael Keenan, in his twenties during the war, had been shot in his right hip and taken prisoner following the Battle of Antietam, and after convalescing in a Baltimore hospital he ended up at Camp Douglas in Illinois, where he remained a prisoner for two years. Upon his return home, he was considered insane. Keenan’s experience as a prisoner of war, his youthfulness, the extended time away from home, and his injury would be understood today as contributing to his debilitated mental state. Asylum officials, instead, blamed an injury from a fall and “domestic affliction.” As a newlywed—he married during or immediately after the war—the physical and psychological wounds he carried home no doubt played a significant role in stoking “domestic afflictions” and not the other way around. Keenan was institutionalized shortly after his return home from service and died in the asylum five years later. Alabaman William James had been held prisoner at Camp Chase for eight months prior to his April discharge and became symptomatic within two months after the surrender. About a year later, he entered the Georgia asylum after he had become violent toward
family members and himself, once expressing a wish to jump into a well. Asylum officials identified his bad habits of masturbation and tobacco use as responsible for his mental decline and saw no connection to his stint as a POW. Former Confederate POWs frequently show up in the historical record as suicidal. Allen Smallwood, imprisoned in 1864 in Indiana, manifested symptoms of insanity there. After the war, he exhibited suicidal tendencies, threatening to poison himself and cut his throat. Smallwood remained in the asylum at least through 1880. Union forces twice captured Frank Clewell, a North Carolina native and officer in a Missouri Cavalry unit, the first time near Vicksburg in May 1863. He was held at Johnson’s Island for nineteen months before being exchanged for a Union officer, but he was recaptured a second time in early 1865 and detained at Ship Island in the Gulf of Mexico until the end of the war. After his release, Clewell ended up in St. Louis, where he killed himself in April 1867 by taking an overdose of morphine. Tennessean William G. Allen took his life in May 1880 at the age of forty-eight. A middling farmer, he had been drafted in 1862. Allen was captured by federal forces in September 1863 and remained a prisoner of war at Camp Morton in Indianapolis until he signed a loyalty oath in December 1864, so he languished in a POW camp for over a year. As prison camps went, Camp Morton was better than most in the North. Still, it suffered from severe overcrowdedness, scant supplies, shabby buildings, and disease. Limestone deposits contaminated the water supply, producing pervasive diarrhea. The winter of 1863–64, when Allen was a prisoner, was exceptionally cold, with temperatures regularly falling below zero. Swearing loyalty to the United States in exchange for his release from prison may have been a welcome bargain that ended the misery, though the deal probably was accompanied by feelings of humiliation and guilt at having to swear loyalty to the United States while denouncing the Confederacy. Fifteen months of confinement, deprivation, and watching the suffering of others surely left an indelible impact on Allen and other Confederate soldiers, from which many never recovered. Henry Beckley of Virginia, a former colonel in the Confederate army, killed himself by taking morphine in September 1868. The news account implied that a gambling loss triggered the rash act, but underlying war-related causes assuredly played some role in his death. The lawyer had been a POW for the last nine months of the war. He had also suffered a gunshot wound several months before being taken prisoner. Some Confederate POWs returned home with the added pressure of knowing they had been captured by Union forces while deserting the Confederate army and thus faced charges of cowardice and treason. Shame of desertion may have prompted John M. Sumner to poison himself in the fall of 1866 after
his release from Fort Warren, a POW camp in Boston. An alert storekeeper in whose Augusta, Georgia, shop Sumner was at the time thwarted Sumner’s plan. Service records show that Sumner was wounded twice, in August 1863 and July 1864, then captured in Tennessee in August 1864, but released by the end of October. In Union custody again in November, Sumner maintained his loyalty to the United States, but he claimed to have been conscripted into the rebel army, from which he deserted to avail himself of amnesty. Confederate records confirm his desertion in January 1865, although he may have deserted before that date. Returning to his Nashville home as a deserter may have weighed heavily on Sumner, who viewed death as a better fate than the moniker of traitor.\(^{78}\)

The second correlation between mental distress and the war that Southerners were willing to concede was that of injury and disease. If a soldier had returned home wounded or ill and displayed uncharacteristic behavior, family and friends readily situated the cause in war-related ill health or injury. Medical experts of the mid-nineteenth century understood that ill health, caused by sunstroke, for example, could adversely affect the brain. Exposure, from which many soldiers suffered, also explained strange behavior in returning soldiers. Wounds, however, were the most visible manifestations of the war’s toll on individual soldiers. The most severely wounded constituted a new class of physically disabled men whose broken bodies blighted their manhood and hindered their ability to resume their place in patriarchal households.

Many wounded soldiers attempted to resume their former occupations only to discover their newly acquired disabilities precluded arduous, manual labor.\(^{79}\) Confederate veterans complained that prospective employers discriminated against maimed men.\(^{80}\) Unable to secure employment, quite a few, as last resort, appealed for private or state relief. Many begged.\(^{81}\) Disabled veterans often became destitute, unable to provide for their families, further assaulting their identities as men.\(^{82}\) Jeffrey W. McClurken found that households containing unhealthy or wounded veterans from one Virginia county, whom he called “alive not healthy,” suffered nearly as much economically as those who had lost a male relative in the war.\(^{83}\) Loved ones, neighbors, and fellow churchgoers connected the dots when disabled veterans, who stumbled in hard times, displayed signs of mental anguish.

Quite a few Confederate soldiers returned home carrying with them the physical wounds of battle that impeded reentry into civilian life. Chronic pain and medical problems plagued some soldiers throughout their lives.\(^{84}\) Serious injuries, notably amputations, hampered or prevented men from resuming livelihoods that required intact bodies. Men with mangled bodies and missing parts worried how their wives and sweethearts would respond to the sights of their grotesque wounds. For many, the strain became too great and
triggered psychic anguish that compounded the physical suffering. Suffering physically and psychologically, disabled and dependent, Southern men often collapsed under the weight of war-related trauma.

Confederate amputees disproportionately exhibited symptoms of war trauma. In losing physical mobility and independence, amputees endured significant challenges to their identities as men and masters, which, for many, constituted a crisis in manhood. They struggled to reconcile their broken bodies with ideals of manliness that celebrated strength and independence. Financial and emotional dependence on wives further emasculated them. They endured stares and expressions of revulsion, rejection, and pity. For some, the emotional pain, coupled with chronic physical suffering, made life unbearable or cost them their sanity.

Cavalryman A. G. Ewing of Nashville survived the war, though with a serious injury. Yet his death less than ten years after war’s end was as much a casualty of war as if he had died of his wound that day near Fort Pillow in 1864. One newspaper account of his death blamed the suicide on the chronic pain he endured from the battle injury, which required amputation above the ankle. Ewing’s hometown paper was less specific about the nature of the injury, reporting that he suffered from the effects of a pre-war gunshot wound that was aggravated by exposure during the war. Both papers agreed that Ewing’s physical suffering led to opium addiction, though they differ in exactly how he effected his demise. He either ingested a fatal overdose of opium or saturated three pillowcases with chloroform that he then draped over his face, upon which he placed an inverted washbowl for good measure. Despite the differing accounts of the mode of death, both stories left no doubt Ewing intended to take his life.

John Campsen, a member of an all-German cavalry unit in South Carolina nicknamed the “German Hussars,” earned a reputation as a gallant soldier, but lost an arm in battle. Before the war, the German immigrant was a successful grain merchant in Charleston. He participated in German clubs and the all-German militia in Charleston and, though not a native Southerner, showed his support for the cause by hoisting above his grain business a blue Palmetto flag that bore the motto “Now or Never.” He remained engaged in the milling trade for over a decade after war’s end, before shifting occupations. By 1878, he no longer worked as a miller; he had secured employment as a Charleston street inspector. In 1880, he self-identified as a machinist and resided over one hundred miles from Charleston. About that time, Campsen was appointed master of the city almshouse in Charleston, which brought him back to his adopted city. The changes in occupation and domicile in the last five years of his life hint at economic turmoil. Either he sold or lost his grain business. The appointment to run the almshouse—by this time, perhaps his
disability and age conspired to deprive him of the ability to continue in man-
ual labor, or possibly he lost his milling job, or both—brought Campsen and
his family back to Charleston, where his ill temper, made manifest by the dis-
closure that he had beaten a child “unmercifully,” resulted in scandal. There
is no evidence to substantiate violence in any other aspect of his life, so it is
possible this violent episode was an isolated experience. But it is also possi-
ble that Campsen’s stint in the army, the trauma of losing an arm and learn-
ing to live without it, and the loss of a business and resulting financial
insecurity, so common in the postwar South, contributed to growing frustra-
tion and exasperation that fueled an ill and abusive temper. After the alms-
house board of commissioners demanded his resignation, Campsen shot
himself between the eyes in his room at the almshouse in June 1883. His sui-
cide, the press explained, was a way to “end his troubles,” presumably the
shame of beating one of his charges, then being forced to resign after a pub-
lic inquiry. But ascribing Campsen’s suicide to his illicit behavior as almshouse
master ignores the underlying, prolonged war-related trauma that shaped his
life two decades after the end of the Civil War and that included the psycho-
logical shock of a young twenty-something losing an arm.91

Persistent pain from a battle wound with no hope of relief from medical
intervention led Richard Scott, a thirty-eight-year-old veteran from Peters-
burg, Virginia, to end his life five years after war’s end. Scott resumed civil-
ian life with a bullet lodged in his left thigh, which left him in constant pain.
After the war, the merchant confided to his wife a desire to kill himself be-
cause of the painful effects of the wound. The day after a surgeon unsuccessfully
tried to remove the ball in 1870, Scott put a pistol to his head and shot him-
self.92

Most wounded Confederate veterans and amputees did not take the ex-

treme measure of suicide. In fact, quite a few disabled veterans resumed nor-
mal lives after the war. Nevertheless, occasionally, even those who appeared
to be readjusting to their new conditions, sometimes succumbed to their pri-
vate suffering. A former Confederate surgeon recalled the postwar suicide of
a member of his company, Bill Hicks, and attributed it to a lost leg. Hicks—
“an Apollo in form, and a model of strong physical manhood”—had resumed
civilian life as a lawyer and done well. But the loss of his leg “so preyed on his
mind, the thought of going through life such a cripple,” that he blew out his
brains in a fit of despondency.93

Wounded Confederate veterans found their way to Southern insane asy-
lums, where staff sometimes acknowledged the role that war injuries played
in postwar combat disorder. Oscar Jones landed in the Georgia insane asy-
lum in 1872. The veteran had served in a Florida unit and had been hit through
both hips and a kidney with a “shot-ball” in 1864, disabling him for life. While
still an inmate in 1888, an application for a Georgia pension was filed on his behalf stating clearly that his battle wound was responsible for his mental as well as physical disabilities.\textsuperscript{94} Atlanta native Osburn Seay, a twenty-two-year-old veteran, was placed in the Georgia asylum in 1866 after he attempted to commit 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. He escaped from the facility but was returned in 1868 and died there the following year.\textsuperscript{95}

Confederate soldiers who deserted may have returned home with added psychological strain related to their desertion. The moniker of traitor or coward likely would have dogged deserters after the war, causing considerable consternation. While no explicit connection has been found linking desertion with postwar trauma or mental illness, it remains a distinct possibility and likely a source of shame and guilt. PTSD sufferers often harbor survivor’s guilt, shame at living while friends and comrades died.\textsuperscript{96} Deserters would have understood that their actions, regarded as treasonous and cowardly, deprived their units of much-needed manpower, thus weakening the unit as a whole and jeopardizing the lives of combat buddies. Deserter Thad Boykins may have been haunted by these feelings when he committed suicide in 1872. Boykins was twenty-seven when he joined up with the 51st Tennessee Infantry in February 1862. At least two other brothers enlisted, too, but in a different regiment, and one may have been killed in action. Boykins was captured by Union forces after he deserted his company in Kentucky and was held as a prisoner until war’s end, when he signed an oath of allegiance to the U.S. government. Upon returning to Tennessee, he relocated to Lake County, a few counties removed from his family home in Madison County in northwestern Tennessee. There are many possible explanations for his relocation after the Civil War, but if he had been known as a deserter, moving, especially given his profession as a lawyer, might have been prudent. Boykins’s move, if designed to find peace and make a new start for himself and his young family, failed, as he drowned himself in March 1872.\textsuperscript{97}

Men’s loss of stature in the public sphere, the war front, translated into losses in the private sphere, the household. Confederate women had longed for their male kin’s return home to relieve them of their ersatz independence. Southern white women, many of whom bore the scars of managing households and protecting family members throughout the war, welcomed menfolk back home, eager to be relieved of burdensome duties thrust upon by the rebellion. Confederate veterans imagined homecomings that would allow them to do just that. But many, beset with emotional and psychological scarring, struggled to handle the pressure, perceived or real, of meeting the expectations of family and community in their reentry into family life. The mere re-
turn of Confederate soldiers to their former places as heads of households would not prove adequate to reconstitute the Southern family after the war. Nor would the physical presence of the patriarch in the family signal a return to prewar gender and family conventions. Even in situations where Confederate men came home and attempted to reassert their paternalistic prerogatives, the traumatic battlefield experiences and postwar conditions assured long-awaited reunions would be fraught with discord. Trauma borne of battle, personal loss, and defeat conspired to make reintegration into family life challenging at best and at times impossible. Depressed, defeated, and volatile, soldiers with broken minds and bodies limped home seeking the comforts of hearth and family. But too often the reality that Southerners were deeply and indelibly affected by the war and its aftermath hindered the resumption of familial and marital relationships. No longer the same men they were before the war, returning soldiers who carried with them the emotional scars of battle, struggled in personal relationships. Veterans faced complicated feelings that impeded reentry into family and community life. Wives, even the most sympathetic ones, could never truly understand the soldiers’ experiences, for they had lived in relative safety while soldier-husbands risked their lives in battle. Inevitably, resentment and frustration crept in to even the most stable postwar marriages. Chronically ill or wounded men relied heavily on their wives for nursing care, which taxed their relationships and demeaned their manhood. Maimed veterans struggled with intimacy and worried if their wives would still find them attractive; some may have found sexual relations difficult or impossible.98 Predictably, marital friction surfaced as a consequence of the adjustment attendant to reunited families and pervaded the postwar Southern landscape.99

Volatility and instability permeated ex-Confederate families at the very time that stable, strong households were needed if Southern whites were to reclaim their lives, futures, and identities. As Laura Edwards has shown, white Southerners, in assessing the tidal wave of changes wrought by war, looked to the household as a way to shore up Southern society.100 LeeAnn Whites, too, heralded the centrality of family in the postwar South. The war had cost Confederate men immeasurably, but especially their masculine identities.101 Financial ruin, loss of slaves, the humiliation of military defeat, failure to adequately protect and provide for their families—these by-products of war struck at the heart of what it meant to be a white Southern man. Shorn of political power, Confederate men submitted to the victorious Union army, a source of embarrassment and shame that chafed at their manhood in the years after the war.102 The assault on Southern manhood infiltrated the private sphere as well. As with the loss of independence and mastery in the public realm, soldiers returned home to find that in ceding temporary control
of the household to women, they lost ground there, too. Slaveholders were
dealt the additional blow of emancipation and so lost mastery over laborers
within their households. The emasculation of Confederate veterans on
multiple fronts posed a serious challenge for the reconfiguration of family
and society. Frank Biess, who has studied returning German soldiers after
World War II, has termed the efforts of veterans of military defeat to reclaim
their manhood “remasculinization.” In the case of the nineteenth-century
South, white men, denied the reins of political control by Northern troops,
turned to intimate spaces as the place to reassert mastery and control.

The path to reclaiming masculine prerogatives and reasserting control
in the private sphere was a bumpy one for Confederate veterans, more so
for those afflicted with combat-related psychoses. Under ideal circumstances,
 attempts by ex-soldiers to reimpose domestic authority and control proved
trying. For men manifesting the social and psychological pathologies associ-
ated with PTSD, family life proved fractured, dysfunctional, and often vio-
lent. Nothing less than the future and recovery of the region hinged on stable
households, yet ruptures in familial relationships threatened both individual
and societal recovery.

Fueled by psychological distress brought on by battle and efforts to numb
the pain with alcohol, domestic turmoil materialized as an inevitable by-
product of military demobilization. Many veterans, crippled by emotional
suffering, arrived home to houses in ruin, occupied by former slaves, or to
families barely surviving. Wives had grown accustomed to greater autonomy
and independence in the absence of their husbands. As Suzanne Lebsock of-
fered, Southern white men returned home after the war wounded, their sta-
tus in the home undermined. Losers, she counseled, are not inclined to be
generous. Wives of angry, disaffected veterans often absorbed the physi-
cal and emotional manifestations of that anger.

Marital friction, at times punctuated with violence, was a predictable out-
come of the adjustment attendant to reunited but broken families, like the
Eenbooms. The life of German-born Henry Eenboom fell apart soon after
the war. His tragic demise and unmanning played out in the columns of a
Nashville newspaper, which published letters in fall 1866 written by Eenboom
to his estranged wife that had been provided to the newspaper posthumously.
The letters reveal a veteran whose marriage had crumbled, who drank too
freely, and who was unable to secure employment to support his family. In
all the ways that mattered, he had failed as a man. Eenboom had left his family
behind in an effort to secure work. A tobacconist before the war, he took to
the road, traveling to Mobile, New Orleans, St. Louis, and, finally, Nashville,
but there was no work to be had. His wife, Lizzie, filed for divorce back home
in Memphis, an embarrassment. Eenboom conceded in his heartfelt letters
that he was guilty of abuse and misbehavior in his marriage, but begged her
to take him back nonetheless. He made promises: he pledged to give up drink-
ing; he pleaded for a two-year grace period in which to reform; he swore he
would send her every cent he earned “to make up for money spent.” He im-
plored her to stop the divorce proceedings. In his final letter to Lizzie, the
forty-five-year-old distraught but resigned husband and father tells his wife
of twenty-one years of his plans to drown himself in the Cumberland River.
And so he did.107

There is no way to know for sure whether Eenboom’s ill-treatment of his
wife, his drinking, or his subsequent suicide were connected directly to army
experience or the postwar economic collapse, or both, or neither, but his life
and death personify the path of many Confederate veterans. The newspaper
account attached the cause of Eenboom’s woes to “domestic difficulties,”
which were believed a “great influence” inducing him to take his own life. The
newspaper did not explore the nature of those domestic difficulties, which
were seen as prima facie causal evidence of Eenboom’s suicide. Despite iden-
tifying himself as a “Southern soldier” in one of the letters, editors made no
connection between his personal struggles and wartime experience. They did
not know, for instance, that he had been captured in 1862 while serving in a
Tennessee artillery company (where, when, and for how long we do not
know), then escaped from his captors. Eenboom did not return to his unit,
so probably he deserted. It is also possible, therefore, that Eenboom was also
burdened with the self-knowledge that he was a deserter. For that matter, so
may have his wife.108

As with drinking, domestic discord, a social pathology associated with
PTSD, was regarded by laypeople and medical experts alike as a cause of
insanity rather than a manifestation of mental distress. Michael Keenan,
for example, the former POW committed to the Georgia asylum just months
after the war, purportedly suffered from “domestic affliction.”109 Rather
than seeing marital discord as a consequence of mental stress, caregivers
viewed it as a contributing factor. Caretakers at the South Carolina asylum,
for instance, blamed the wife of a suicidal veteran for his insanity. Am-
brose Gibson of Edgefield County served in the 14th South Carolina In-
fantry and was wounded three times. It was not until 1876, however, that he
manifested signs of psychological stress severe enough to warrant institu-
tionalization. Physicians observed that his mind was, at times, “so far de-
stroyed” that he had no control over himself. He tended to wander and had
to be “under guard for self preservation,” as he had threatened suicide. He
also posed a violent threat toward others. An internal note warned staff:
“Don’t try to hold him. You will make him mad.” Asylum workers, how-
ever, believed Gibson’s insanity stemmed from factors not at all related to

172 Chapter Five
his military experience, blaming instead “inconstancy upon the part of his wife” and his separation from her.\textsuperscript{110}

As in the Keenan and Gibson cases, asylum officials attributed Henry D. 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.\textsuperscript{111} Loved ones and caregivers failed to see a connection between his military experience, marital discord, and suicidal proclivities. Shifting the burden of blame at least in part to soldiers’ wives and minimizing or even ignoring the impact of military experience preserved the mirage of male virility and strength. The suicide record of John Sturtz of Petersburg, Virginia, while short on detail, also points to the domestic turmoil pervasive in the postwar South. The German-born Sturtz drowned himself in the summer of 1872, an act attributed by acquaintances to “domestic affliction.” Sturtz learned of his wife’s infidelity, another casualty of war and indicator of domestic discord.\textsuperscript{112} Friends reported having seen her visit a “colored woman’s house of ill fame” in nearby Blandford. Sturtz confided to a Mr. Myers that he expected a divorce, evidence that his “peace and happiness was destroyed.” Myers counseled him to obtain the divorce and “act like a man.”\textsuperscript{113}

After the Civil War, suicide notes began to appear regularly in newspapers. Notes written to family and friends in anticipation of dying by one’s own hand were mentioned infrequently, let alone published, before the war. In the early nineteenth century, it is possible such letters were drafted by suicide victims, but not disclosed to anyone outside family, or it is possible that suicide notes became an innovation after the Civil War. While such letters do offer a potential vehicle through which to gain insight into motives, they raise as many questions as they answer. Such notes should be read carefully, recognizing the authors’ desire to construct and dictate the meaning of their self-inflicted deaths for particular audiences. Still, notes that allow suicide victims to address their reasons for preferring death over life suggest that motives for suicide were complicated and rarely attributable to just one cause. Moreover, Southern men who died by their own hands may not have considered the role their war experience had in contributing to their feelings of despair and depression. Inattention to war experience in suicide letters, therefore, cannot be interpreted as lack of influence. Take, for example, the 1869 suicide note
of E. J. Hudson of Richmond, who poisoned himself at a Baltimore hotel. Hudson, either a druggist or physician, in his letter advised that a postmortem examination was unnecessary. The cause of death, he emphatically relayed, was consumption of thirty grains of cyanide of potassium, though in a cryptic afterthought he corrected, “or rather freedom from the accursed ills I cannot bear.” What those accursed ills were, he did not disclose. Perhaps his family knew of them. We do not. But his experience in the Civil War and life after may provide a few clues. The newspaper account explained that before the war Hudson had been wealthy, even taking European vacations. Hudson’s father, Ethelbert Hudson, his namesake and in whose household he lived in 1860, was a rich tobacco merchant. Once hostilities commenced, Hudson joined up with “General Elsey’s brigade” as a “surgeon.” In fact, Hudson enlisted in May 1861 as a private in the Virginia 1st Light Artillery Regiment. In September 1861, he requested a promotion given his five (really, four) months of service. Hudson’s captain supported the commission, especially because Hudson previously had served in the 3rd Cavalry Regiment of the U.S. Army, from which he had resigned to volunteer his services to the state of Virginia. Although Hudson spent a good deal of the 1861–62 winter hospitalized, the promotion came through in April 1862 after he returned from a sick furlough. Hudson eventually achieved the rank of lieutenant in the 5th Virginia Cavalry, but he was hospitalized again for several months in early 1863, though was discharged and returned to duty in time for the Battle of Gettysburg in July, where he was captured. Hudson was shuttled around Northern POW camps before being exchanged at the end of the month, after which he spent more time out of service for ill health. No service records exist for him after August 1863. The little we know about Hudson fails to shed direct light on what constituted the “accursed ills” that plagued him. Yet, given the large number of broken and beaten Confederate veterans who turned up in Southern asylums after the war, and considering Hudson’s military experience, especially his frequent ailments and time as a POW, as well as his engagement on or near the battlefield, his wartime experiences likely contributed to his deteriorated mental state, and Hudson’s changed economic state after the war would have compounded combat-related stress.114

The contents of postwar suicide notes written by ex-Confederates underscore their feelings of sheer desperation and lack of hope for a future. “I have no country, no family, no home, no money, no hope, no health.” The suicide note of Judge Eliphalet Frazer “E. F.” Buckner from 1867 affirms that Southern veterans rarely took their lives for a single reason. Personal circumstances unrelated to the war triggered the ex-soldier’s suicide, but war-generated causes lurked beneath the surface. A native of Kentucky, the judge relocated to Mississippi before the war, had a family, then relocated to Texas. When the
Civil War broke out, Buckner enlisted in the 11th Texas Infantry, even though he was in his fifties. Son Thomas Lark Buckner, too, joined the fray in a cavalry unit. The elder Buckner’s war record is far from stellar. He became ill in September 1864 and was hospitalized in Shreveport. By October, he had deserted. Buckner’s declaration that he had no country is an acknowledgment that the Confederacy had been defeated, leaving him without a nation he could claim as his own, despite having deserted the Confederate cause. The note goes on to establish that the “loss of liberties of my country”—presumably a reference to loss of political rights—on the heels of his wife’s death, placed “agonizing strain” upon his constitution. His assertion that he had no family is not quite accurate. True, his wife, Jane, had died years before, which Buckner believed contributed to his ill health, but son Thomas and daughter Betty were alive and well in Texas. Buckner’s sojourn to his birthplace, Brandenburg, Kentucky, the purpose of which may have been catching up with siblings with whom he had lost touch, may have inspired this exaggeration, because he would have discovered that his older brother, Robert, had died four years earlier. Homelessness, destitution, and ill health all may have been intertwined as Buckner, after the war, found himself in “dependent circumstances” and set off wandering. From Texas, he departed for Mississippi, then on to Memphis, where he set tongues a-wagging by courting a prominent widow of “considerable means,” perhaps a conscious effort to improve his circumstances. That relationship fizzled and he disappeared for a time, turning up in Louisville explaining he had been to Chicago, where his health had deteriorated further. From Louisville, he made his way forty-five miles to Brandenburg, his birthplace and, ironically, his final resting place—perhaps that had been his purpose for traveling there after all. It was there that he borrowed a shotgun, ostensibly to hunt, and went off into the woods and blew his head off by rigging a string to the trigger and propping it in some bushes. “I am old and feeble, almost a stranger to my kindred,” he explained. Had he been in better health, he continued, he “might desire to live,” but his spirits were so “broken down,” he could not possibly go on. “Under all these circumstances, I feel impelled by an irresistible impulse to quit this lonely scene of sorrow and suffering.” Buckner’s words reflect an inability to distinguish among the causes of his personal suffering: ill health, mourning for his wife and other family members, the lost war, homelessness, destitution. The case Buckner made for his suicide was an attempt to make others aware of the nature of his suffering so his suicide would not be judged harshly. Who in the South in 1867 would not see aspects of Buckner’s suffering in their own lives?115

Southern newspapers reported the suicide of ex-Confederate officer Major Samuel R. Harrison in May 1867 and included excerpts from the note he drafted before putting a bullet hole through his head in a New Orleans hotel.
The note instructed the Masons at a Mississippi lodge to take charge of his body and burial. He asked God for forgiveness for his many sins and provided a terse, cryptic explanation for his suicide: “My troubles are too great, I can bear them no longer.” Harrison did not identify the source of those troubles. Nor did the newspaper speculate about the reasons Harrison shot himself, although the news account offered that the thirty-two-year-old had served with honor in the “late war” and had been married only a few months. Service records provide no specific clues about his wartime experience that may have contributed to his depressive state, but his regiment, the 1st (Nelligan’s) Louisiana Infantry, supported the Army of Northern Virginia, so he participated in many difficult campaigns including the Seven Days Battle, Cold Harbor, Antietam, Chancellorsville, Gettysburg, and others. He appears to have been hospitalized briefly, just once, for rheumatism, in 1864, but returned to duty ten days later. He surrendered in May 1865 and signed a loyalty oath to the United States. If his military experience was the key to his “troubles,” Harrison’s letter is silent on the matter. But four years of near constant engagement on the front lines of dozens of battles and skirmishes would not have left him unaffected.

Fifty-two-year-old Hiram French couched his 1875 suicide as an act of honor, no doubt an effort to absolve himself from disgrace. The widower had enticed a much younger woman—aged twenty-two—to Atlanta with the promise of marriage, paying for her to stay in a boardinghouse until they married. French secured Anna McNeely’s parents’ blessing for her trip to Atlanta and then, just days before he took his own life, drafted a letter to them apprising them of their imminent plan to wed. The nuptials hit a snag, though, when French’s adult daughter objected to her father’s choice of bride. In the end, French could not go through with the marriage if it meant severing his relationship with his daughter, intimating that she had given him an ultimatum. Before taking an overdose of morphine, French drafted a letter to a friend that was published in the newspaper, perhaps at French’s request. He insisted that taking his life was a rational, well thought-out decision. He provided assurances that Miss McNeely was a “virtuous woman” who should not be blamed for his death. While his ill-fated love affair was unquestionably the immediate trigger for French’s suicide, other factors, some war-related, seem to have played at least an indirect role in his self-murder. For one, he had lost two close family members in the previous decade. His beloved wife, Emily, passed away just two years before, in 1873, and his young son, H. B. (Henry) French, not yet out of his teens, was killed during the war. Not only did French carry the burden of grief, but he had served in the war as captain in the 17th Georgia Infantry, though a good deal of his time was spent in the hospital with fever, dysentery, and a gunshot wound received at the Battle of Gar-
nett’s Farm in June 1862. In fact, he attempted to resign his commission in March 1863, for which he had the support of doctors—he had contracted dysentery and become emaciated—as well as that of one of his commanders, who affirmed that French had “faithfully discharged his duty for nearly two years and is over forty-five years of age.” Still, Confederate command refused to accept French’s resignation, saying his reasons were not compelling enough. Perhaps his diminished health continued, because in August of that year, he was serving in a home guard unit and was out of the regular army. Then there was the death of his nation. French, although a native New Yorker, had been an active politician before the war, serving as a member of the Georgia legislature and the secession convention. French “espoused warmly the ‘Lost Cause,’” the newspaper reporter informed his readers. He, “like all Confederates lost heavily by the war.”

Before Petersburg junk dealer Adolphus Herzog shot himself in the chest with a Colt’s Navy revolver in November 1877, he, too, drafted notes to explain his decision. Those around him were aware that he had posed a danger to himself for some time, especially since the death of his wife. In fact, when his wife died, a pistol was taken from him out of concern he may kill himself. He expressed death wishes from time to time. In fact, an “officer” had been assigned to Herzog’s place of business to monitor him. Herzog left behind two notes to explain the motives for his suicide. He described a life of physical and emotional suffering, which he aimed to end. “Afflicted and half blind, with no friends and nobody to help me, I have to leave this world.” “Crippled, half-blind, in poverty” and alone, he had little choice. In the afterworld, he would be reunited with his dead wife, children, brother, and parents. Herzog viewed his suicide as a rational, logical choice, insisting that his mind was healthy and strong. Herzog’s casting his decision as reasonable countered prevailing lay and medical opinion that suicide was evidence prisma facie of insanity. For Herzog, French, and other men like him, death constituted a logical escape from suffering, not a sign of mental debilitation.

Confederate veterans faced a bleak future in a society in which nearly all the markers of their racialized masculine identities had been obliterated. The war experience, followed by defeat, challenged the very essence of what it meant to be a white man in the South. At the outset of war, masculine identity was inextricably attached to values of strength, bravery, honor, duty, and self-sufficiency. But war sorely tested men’s ability to continue to adhere to the code of Southern manhood and its defining attributes. Once masters, war and its fallout forced them to cede control to outside forces, an unimaginable, abhorrent condition for a white man.
Most rose to the challenge, but some did not. The experiences of war traumatized many soldiers who returned to a society that did not comprehend the notion of trauma. War-induced mental distress was not understood. Outward signs of trauma, including fright, anxiety, and emotional debility, risked exposing veterans as weak and cowardly, the antithesis of manhood, and hampered their ability to fulfill their masculine duties. Veterans afflicted with psychic disorders thus became doubly crippled: psychologically distressed, but also ashamed they had failed nation, family, and comrades by their inability to meet society’s expectations for rebuilding their broken nation. For a number of returning veterans, death by one’s hand became the option that restored limited elements of mastery and control, ended emotional or physical suffering, and provided an exit from failed manhood.