

LIVING CASUALTIES OF WAR:  
CIVIL WAR SOLDIERS AS VICTIMS  
OF PSYCHOLOGICAL TRAUMA

BY KATHERINE FLEMING

Historian J. David Hacker recently recalculated the Civil War death toll and found that approximately 750,000 soldiers died on the battlefield or in a camp or home front hospital.<sup>1</sup> This revised statistic, however, does not include soldiers who suffered after the war's end from psychological ramifications—an aspect that has only been written about in the last twenty years due, in part, to long-held ideas that Civil War soldiers were impervious to mental illness. When adding living casualties of war—surviving soldiers mentally affected by visions of carnage and death and feelings of homesickness, nostalgia, and isolation—to the Civil War's historiography, the total number of combatant casualties exceeds 750,000. While historians now accept and believe that a number of soldiers suffered from mental illness, the history, explanation, and realization of that suffering is contested. This article examines the debate over when the understanding of Civil War soldiers as victims of psychological trauma began, and, with the use of documents from the Trenton Psychiatric Hospital and the New Jersey Home for Disabled Soldiers, illustrates how differing opinions challenge our perceptions of the mental health of surviving soldiers and the knowledge of the doctors, nurses, and family members who treated them.

There are two schools of thought over when the perception of Civil War soldiers as victims of psychological trauma began. The first school claims that contemporary medical personnel had no understanding of battlefield psychology as it exists today and could not interpret the experience of Civil War veterans until the identification of post-traumatic stress disorder (PTSD) in the 1970s. The second, more nuanced approach dates the understanding of Civil War soldiers as suffering from psychological trauma to

<http://dx.doi.org/10.14713/jrul.v66i0.1863>

*Journal of the Rutgers University Libraries*, Volume 66, pp.66–80.



JRUL is licensed under a Creative Commons Attribution-NonCommercial-NoDerivs 3.0 United States License

the identification of nerve injury in the 1860s. Writing in 1997, historian Eric Dean argues that Civil War historiography focused on “dashing generals, stoic soldiers and legendary campaigns” and portrayed the Civil War as a righteous crusade that ended slavery and began the civil rights revolution. According to Dean, this “great history” approach to understanding the Civil War left the harsh realities of war and the psychological experiences of the everyday soldier unexamined.<sup>2</sup> As a result, the understanding of the American veteran as a victim of psychological trauma ignores the Civil War era, an oversight that needs to be addressed.

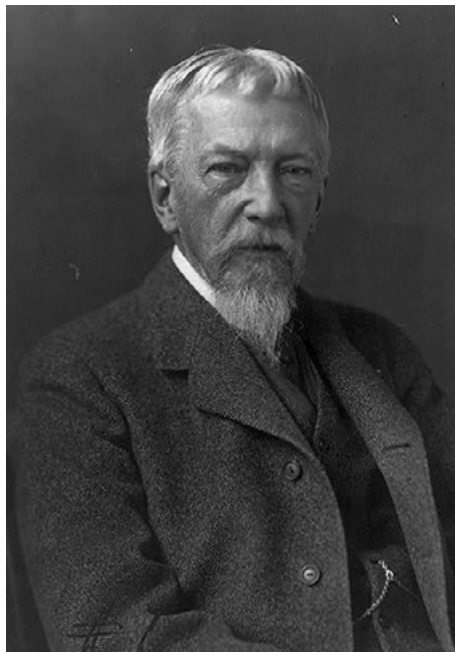
In order to integrate Civil War soldiers into the discussion, Dean applies post-Vietnam knowledge of PTSD to the Civil War era.<sup>3</sup> PTSD is a delayed stress syndrome caused by exposure to combat which produces excessive guilt, flashbacks, nightmares, insomnia, depression, delusions, rage, and emotional numbing that can end in suicide. Dean argues that because symptoms are delayed, nineteenth-century doctors had trouble connecting PTSD symptoms like nightmares, depression, and anxiety to battles that had long passed. As one doctor wrote after examining veteran Squire Ridgeway of Indiana for insanity in 1880, “I do not believe his insanity [is] caused by his armed service. I do not know the cause.”<sup>4</sup> Similarly, when veteran John M. Smith of Indiana committed suicide in 1875, his children filed a pension claim stating that because of the war, Smith was incredibly violent, not sane, and therefore suicidal—a diagnosis confirmed by Smith’s neighbors. The Pension Bureau rejected the claim. They replied, “[a] soldier’s death from suicide in 1875 can in no way be attributed to his military service in which he was discharged in 1865. The alleged insanity is not shown by record, medical, or other competent evidence to have originated in the service.”<sup>5</sup> According to Dean, this inability to link delayed symptoms to the war meant that veterans were often examined under the suspicion that they had problems with alcoholism, were religiously excited, or were naturally susceptible to anxiety or depression. In many cases patients were never asked about their wartime experiences.<sup>6</sup> As a result, Civil War veterans were rarely perceived as victims of psychological trauma in their lifetime.

The second reason why Civil War soldiers were initially dismissed as victims of psychological trauma was because it was believed that “warm homecomings” and civilian support immediately healed the soldiers. Dean argues that because Civil War

soldiers were generally supported in their efforts (in the sense that their fighting was for the defense of their homes and upbringing), historians have believed that they were spared the aftermath of wartime horrors. If Civil War soldiers were fighting for worthy and noble causes—their families, homes, and government—they should not be perturbed by what happened on the battlefield. In contrast, Vietnam marked a time in which a significant number of citizens did not support the war, which made the plight of the Vietnam veteran unique. Therefore, doctors in the twentieth century have associated PTSD symptoms with waning support and ridicule of veterans—ridicule Civil War soldiers did not receive.

Third, Dean notes that historians have argued that once men were “blooded” or hardened by exposure to combat, they performed steadily under fire and were immune to panic. He disagrees with this argument and states that the soldier’s hardened exterior was a facade developed to appear brave, uphold morale, and to survive the war.<sup>7</sup> When reading through diaries and letters, the facade quickly fades. Similarly, hospital records note that common ailments among the soldiers included the fear of being killed (both during and after the war), anxiety, insomnia, the desire to be left alone, and crying spells induced by guilt over having survived. These symptoms were clearly connected to the war, even if that correlation was not recognized at the time, and illustrate that if there was a hardening of the soldier, it was not always lasting.

While Dean believes the study of Civil War soldiers as victims of psychological trauma began with the modern understanding of PTSD, Lisa Long argues that the study began during the Civil War with the work of Dr. S. Weir Mitchell. Mitchell was a Philadelphia-based neurologist who treated



Portrait of S. Weir Mitchell, ca. 1909.  
The Library of Congress

patients in the 1860s for a disease he called “nerve injury”: a pathological condition exacerbated by outward causes like physical wounds that resulted in interior emotional consequences.<sup>8</sup> To Long, nerve injury is the predecessor to World War I’s shell shock, World War II’s combat fatigue, and Vietnam’s PTSD. While Dean argues that these terminologies were contextualized after PTSD was defined, Long argues that the understanding of mental illness as a repercussion of war has its roots in the American Civil War, and that Mitchell recognized it. A 2010 article written by neurosurgeons entitled “The History and Evolution of Traumatic Brain Injury Rehabilitation in Military Service Members and Veterans,” supports Long’s theory. The authors argue that the Civil War era marked the beginning of the study of the pathophysiology of traumatic brain injuries. Pathophysiology is the idea that mental disease is caused by physical pain that produces changes to the mechanical, physical, and biochemical functions of the human body and brain.<sup>9</sup>

Like the authors of “The History and Evolution of Traumatic Brain Injury,” Mitchell attributed the remote cause of nerve injury to physical wounds. Nerve injury, an affliction of the brain, was an all-encompassing rubric for a variety of chronic and invisible symptoms that highlighted the demarcation between feeling like oneself and feeling a sense of alienation from one’s injured body and one’s self at war. In short, soldiers no longer felt like themselves because their bodies had been damaged. In this diagnosis, there is a distinction between nerve injury—mental illness caused by physical wounds that inflicted trauma on the brain—and PTSD, mental illness caused by the physical and emotional horrors of war. Despite this distinction, Mitchell understood that any form of chronic pain caused hysteria and that “...the body’s uncontrollable susceptibility to sensation spills directly into social behavior.”<sup>10</sup> Mitchell recorded what he knew about nerve injury in his 1864 book entitled *Gunshot Wounds and Other Injuries of Nerves*. He is arguably the first person to understand that there are psychological ramifications of war which, as a result, validates Long’s argument that although in its infancy, the understanding of soldiers as psychological victims began during the Civil War.

Mitchell believed physical wounds like severed limbs caused psychological trauma, a diagnosis challenged by later commentators. To Dean, psychological trauma was caused by physical hardships and emotional traumas endured on the battlefield. For instance, infantrymen were expected to walk ten to twelve miles per day, no

matter the weather conditions, while carrying heavy equipment and provisions and wearing inadequate footwear. As northern soldier Dwight Fraser wrote to his sister Lizzy in 1864, "...Walking 12 miles and carrying a knapsack full of clothing, a blanket, half tent, several days of rations, gun, ammunition...is the hardest kind of work, and makes many a man wish he wasn't a soldier." A second hardship revolved around the terror and anxiety of killing and dying. As noted by so many historians, a significant portion of the army was composed of young men who were away from home for the first time and who had never shot a gun. As Ohio soldier William Henry Younts wrote home in 1864, "One second you want to dash forward; the next, you want a rock or a tree to dash behind...One second you are filled with anxiety, the next with fear; one second you want to [fight], the next second you don't."<sup>11</sup> Scenes of [what one soldier described as] "brains, fractured skulls, broken arms and legs, and the human form mangled in every conceivable manner" are unforgettable horrors. These experiences were enduring; visions and acts of human annihilation were not left on the battlefield or easily conveyed to those on the home front. As Colonel Robert G. Ingersoll, who led the 11th Regiment Illinois Volunteer Cavalry, wrote in an 1862 letter from the front,

War is horrid beyond the conception of man  
... It is enough to break the heart to go through  
the hospitals. Old gray-haired veterans with lips  
whitening under the kiss of death—hundreds of mere  
boys with thoughts of home ... nothing but pain,  
misery, neglect, and death around you , everywhere  
nothing but death ... it makes one tired—tired—of  
war. "<sup>12</sup>

Although the battles of the Civil War were never fought on New Jersey soil, more than 82,000 New Jersey men fought and more than 6,200 died.<sup>13</sup> Compared to New England and the Confederacy, the experiences of New Jersey soldiers on the battlefield have been less well studied.<sup>14</sup> Accordingly, in this section, I attempt to apply Dean and Long's arguments to the experiences of New Jersey's soldiers. For my research, I examined three types of documents located at the New Jersey State Archives: admission registers from the New Jersey Home for Disabled Soldiers, case books from the Trenton Psychiatric Hospital, and the Annual

Managers and Officers Reports from the Trenton Psychiatric Hospital.

Founded in 1866 by Marcus L. Ward, the New Jersey Home for Disabled Soldiers focused on the concern for and care of New Jersey veterans. In reading through a series of registrar books dating from July 1866 to March 1874, I found that a number of veterans were admitted under the diagnosis of "mental derangement." As one physician wrote after examining a 20 year-old veteran from Newark in 1866, "This may certify that I examined [name omitted] of Company C2 Volunteers and find him to be suffering from mental derangement—the result of [war] service, which, in my opinion, incapacitates him from earning his own living."<sup>15</sup>



Portrait of Marcus Ward, undated.  
Rutgers Special Collections and University Archives

The connection between war and mental illness is also made in Trenton Psychiatric Hospital case files. Founded on May 15, 1848 by Dorothea Dix, the Psychiatric Hospital, then referred to as the New Jersey State Lunatic Asylum, treated any New Jersey resident suffering from a mental disorder. Though small in percentage, there were a number of Civil War soldiers admitted between 1862 and 1866.<sup>16</sup> In one case file, the parents of a soldier stated that their son's derangement began when he returned home from service. He had been severely wounded at the Battle of Pittsburg Landing (also known as the Battle of Shiloh) in April 1862 and spent the following two years recovering in a veterans hospital. He was then discharged to his parents' home in New Brunswick, and was "dull and distracted and absent in

manner" upon arrival. His condition steadily declined and in 1866, his parents admitted him to the Psychiatric Hospital under the assumption that his "derangement" occurred between the Battle of Pittsburg Landing and his discharge from service.<sup>17</sup> Although it was a century before PTSD was defined, physicians and family members who directly dealt with soldiers and veterans connected wartime service to mental illness. While the understanding of that connection may have been elementary, it was certainly there.

In further examining how doctors understood mental illness, the 1871 *Annual Report of the Managers and Officers of the New Jersey State Lunatic Asylum at Trenton* proved extremely informative. Much like the work of Dr. Mitchell, the asylum doctors focused on how trauma affects the brain and how that damage can lead to mental derangement. As director H. A. Buttolph wrote:

No discussion of natural or healthy mental action is satisfactory or even intelligible, without definite and distinct allusion to the brain and nerves as the instruments through which the mind is manifested in this life; so in deranged mental action, or insanity, it is equally essential to a right understanding ... of the brain and nerves as the parts affected by disease, the disturbance resulting from ... disease in the physical parts.<sup>18</sup>

Not only did Buttolph, like Mitchell, make a connection between physical wounds and mental illness, he also believed, like the authors of "The History and Evolution of Traumatic Brain Injury," that physical wounds caused some sort of emotional trauma to the brain. Although the study and conception of mental illness was in its infancy, not all was lost on those who sought to ameliorate and cure the psychological repercussions of war.

Although my findings tend to support Long's thesis, any in-depth case studies of soldiers admitted to the Trenton Psychiatric Hospital or Soldier's Home under the diagnosis of mental derangement are unfortunately lacking. While the case books and registrars illustrate how doctors and soldiers' families categorized perceived mental illness and related it to wartime experiences, the information was recorded when patients were first admitted to the facility. Any additional documentation only notes if a patient had died or been released from care. As a result, details related to any progress of the illness or individualized symptoms and treatments

were not recorded. Rather, we are left with the general reports from the managers and officers of the hospital. While these reports do convey medical knowledge and treatments employed at the time, they are not specific to any person or circumstance. For example, in a section on treatments in the 1871 report of the New Jersey State Lunatic Asylum at Trenton, it is noted that patients were expected to have a set schedule and regular habits to establish a sense of order and normalcy. It also notes that doctors prescribed various (unnamed) medicines, warm and cool baths, frequent association with others, in-house hospital employment, and attendance at religious services and other educational programs.<sup>19</sup> While this information provides insight to general patient care and suggests that doctors believed patients should be kept relaxed, comfortable, and busy, there are no individualized studies. As a result, it is unclear if the doctors found a patient's past experiences to be inconsequential in determining courses of treatment. Hospital records outside New Jersey may yield more in-depth information.

In the greater historiography of the psychological disposition of surviving Civil War soldiers, there are two additional debates I have come across but have not yet found New Jersey-specific research. They are worth mentioning, however, because they overlap with and add to the understanding of when the study of Civil War soldiers as victims of psychological trauma began. The first debate, drawing from works by David Anderson, Reid Mitchell, and Drew Gilpin Faust, questions the circumstances that contributed to the development of mental illness. In "Dying of Nostalgia: Homesickness in the Union Army During the Civil War," Anderson argues that because soldiers were separated from their homes in an era that emphasized domesticity, they experienced overwhelming feelings of homesickness and nostalgia that ultimately led to mental deterioration.<sup>20</sup> Mitchell disagrees with Anderson in *The Vacant Chair: The Northern Soldier Leaves Home*, arguing that Northern soldiers suffered psychological repercussions because they could not uphold Republican morals—Christian values including that one should not steal or kill—instilled by their mothers on the battlefield. In *This Republic of Suffering: Death and the America Civil War*, Faust states that it was the image of death and the act of killing that dehumanized soldiers and destroyed their mental state. As Faust notes, those who survived the war felt as though they were "sentenced to life" because they were forever haunted by visions of human carnage and felt guilty surviving when so many did not.<sup>21</sup>



The second debate, which draws from works by Eric Dean, Faust, and Mitchell, focuses on whether or not there was disillusionment with the war after 1865. Dean argues in *Shook Over Hell* that Northern soldiers were disillusioned by the war and life itself. First, with the enactment of the Jim Crow Laws in 1876, it became clear that Northern victory did not necessarily mean true freedom for all, leaving soldiers questioning what the fighting was actually for. Second, because soldiers felt they could never truly convey the horrors of war—walking through the piles of the dead, watching a friend die unable to help and feeling guilty over having survived, being engulfed by the smoke and smell of modern weaponry—they felt alienated from their families, neighbors, and former lives. This mental distancing left many veterans angry and bitter because they were now outsiders in a society they had fought to protect. They were left forever carrying the “weight of the war” while their families and friends were not—a phenomenon referred to as *frontideologie*. As Dean writes, “despite [the] letters and parades, Civil War veterans felt an isolation with people at home who did not and could not understand the privations and horrors of army life.”<sup>22</sup> While Faust agrees with Dean on these points, she further argues that soldiers questioned the meaning of the war as it was happening. To explain, when men enlisted in the army, they thought about serving their government and protecting their families. They did not necessarily think about what they would have to do on the battlefield until it was too late to back out. As Faust writes, “carnage compelled Americans to seek meaning and explanations for the war’s destruction.”<sup>23</sup>

In *The Vacant Chair* Mitchell disagrees with both Dean and Faust and argues that soldiers were not disillusioned with the war or their postwar lives because they believed in Christianity and the afterlife. Utilizing letters, diaries, and memoirs, Mitchell concludes that “many soldiers—mostly literate soldiers, judging from their written remains—were believers. Death and its fears had already been assuaged by faith before war brought mass killings. Other soldiers converted to Christianity under the stress of war.”<sup>24</sup> When the war ended, Reid further notes that both Northerners and Southerners sought redemption in order to come to terms with what had happened and what was yet to come.

In trying to understand the psychological state of Civil War soldiers, the only thing that is explicitly clear is that the soldiers were victims of war-produced psychological trauma. The particulars

behind this statement however are highly debated amongst historians and as a result, the soldier's realities are continuously being re-examined, re-explained, and fragmented in the process. Although careful and painstaking research in scattered sources has been conducted, much more research will be necessary before any undisputed conclusions regarding our understanding of Civil War soldiers as victims of psychological trauma can be drawn, if they can be drawn at all. One set of sources that would be extremely useful are letters, diaries, journals, and papers of those who treated the mentally ill as well as the soldiers themselves. For example, S. Weir Mitchell's writings give insight into the development and categorization of nerve injury, which challenges our perceptions as to when the study of Civil War soldiers as victims of psychological trauma began. Writings of doctors, nurses, soldiers, or their relatives might reveal individualized treatments and concerns that would be valuable to the debate at hand. In the end, we could see if others shared Dr. Mitchell's beliefs, or, if there was a second more prominent school of thought.<sup>25</sup>

A second source that would be extremely useful is the writings of battlefield doctors. Battlefield doctors shared similar experiences with soldiers—they were subjected to infectious disease, encountered low food supplies and a lack of medical necessities needed to treat patients, watched men die, and saw mass carnage on a daily basis. Research has been done on the topic by Valerie M. Josephson, who profiled nine New Jersey surgeons who operated on the battlefield in *The Lives of New Jersey's First Civil War Surgeons*.<sup>26</sup> Utilizing letters and diaries kept by the surgeons, their contemporaries, and other soldiers, Josephson demonstrates that although the circumstances were dangerous and stressful, these men were able to successfully tend to and operate on a vast number of soldiers. What is missing, however, is a psychological component that lies outside of the observation that war is horrific. I believe this absence stems from the fact that battlefield surgeons were thinking and acting in the moment and did not perceive how wartime experiences would affect everyone postwar. Therefore, the next step in this research would be to trace the lives of the battlefield surgeons in the postwar era.

While Josephson does provide brief accounts of the surgeons' postwar lives, it would be interesting and perhaps beneficial to delve into their careers at more length. For example, Josephson notes that Dr. Elias J. Marsh, of the 3rd New Jersey Militia and Volunteer

Medical Corps, established St. Joseph's Hospital right after the war ended, and served on the medical staff, as well as that of Paterson General in 1871. If patient records of these institutions exist (and are available to the public), it would be useful to see if Doctor Marsh treated any veterans, ruminated on his time in the war, and ultimately made any correlations between war and psychological trauma. It would be a different perspective and therefore worth tracing.

Another area of further research is whether battlefield doctors and surgeons also suffered from war-produced psychological trauma. Josephson notes in her chapter on Doctor Edward Forman Taylor, 3rd New Jersey Militia Volunteer Medical Corps, that Taylor did not resume his medical practice after the war and this may have been because he acquired a chronic disease or suffered from PTSD.<sup>27</sup> Josephson does not follow up on this statement and so it would be worthwhile to see what evidence there is of such illness by retracing his involvement in the war through muster rolls and family papers. In the end, it is important to note that if battlefield doctors kept records on what they saw and what they prescribed during and after the war, historians could perhaps gain a better understanding of how mental illness and psychological trauma was perceived and understood by those who experienced the war at first hand. This viewpoint would shed new light upon current understandings and debates of the psychological disposition of Civil War soldiers.

Although the Civil War has been frequently written about, the emotional hardships endured by soldiers and the psychological trauma that those hardships produced did not appear in Civil War historiography until the late 1990s. For more than a century it was presumed that soldiers were impervious to mental illness and that doctors had no understanding of battlefield psychology as it exists today and could not interpret the experience of Civil War veterans until the identification of PTSD. Now that the soldier's emotional battlefield experiences are becoming a part of the historiography, numerous debates have surfaced on the topic, proving that more research will need to be conducted; we have only begun to scratch the surface. By continuously re-examining and re-writing the stories of the men who fought and those who treated them, we will hopefully come to an understanding of how psychological trauma and mental illness was perceived, understood, and treated in the aftermath of the Civil War.



Patients in Ward K of Armory Square Hospital, Washington D.C. , August 1865.  
The Library of Congress.

## Notes

1. J. David Hacker, "Recounting the Dead," Disunion Opinionator Blog, *The New York Times*, September 20, 2011. Available at [http://opinionator.blogs.nytimes.com/2011/09/20/recounting-the-dead/?\\_php=true&\\_type=blogs&\\_r=0](http://opinionator.blogs.nytimes.com/2011/09/20/recounting-the-dead/?_php=true&_type=blogs&_r=0). This toll is a recalculation of the initial 620,000 count and may even be as high as 850,000. New estimates are based on census data that accounts for soldiers misidentified, unidentified, and missing in action and reassesses incomplete and inaccurate battle, hospital, and prison reports.
2. Until the 1970s, military historians predominantly wrote "great histories" that examined the causes of war, military strategies, weaponry advancements, and heroic officers rather than the soldiers' actual experiences. John Keegan deviated from this norm in 1976 when he mixed military history with social history and wrote *The Face of Battle: A Study of Agincourt, Waterloo, and the Somme* (London: Jonathan Cape, 1976).
3. Eric T. Dean Jr., *Shook Over Hell: Post-Traumatic Stress Disorder, Vietnam, and the Civil War* (Cambridge: Harvard University Press, 1997), 4.
4. *Ibid.*, 148.
5. *Ibid.*
6. *Ibid.*, 139.
7. *Ibid.*, 70.
8. Lisa A. Long, *Rehabilitating Bodies: Health, History, and the American Civil War* (Philadelphia: University of Pennsylvania Press, 2004), 22.
9. David X. Cifu MD. et al, "The History and Evolution of Traumatic Brain Injury Rehabilitation in Military Service Members and Veterans," *American Journal of Physical Medicine and Rehabilitation* 89, no. 8 (2010): 688–694; 689.
10. Long, *Rehabilitating Bodies*, 29–30, 35.
11. Dean, *Shook Over Hell*, 46–47, 54. Fraser's papers and Younts's autobiography are available at the Indiana Historical Society.
12. *Ibid.*, 69; George M. Fredrickson, *The Inner Civil War: Northern Intellectuals and the Crisis of the Union* (New York: Harper & Row, Publishers, 1965), 86; Letter of Robert Ingersoll to Ebon Clark Ingersoll, 1862, *Letters of Robert Ingersoll* (New York, 1951), 119–20.
13. These statistics include men who served in other states as well as in the United States Colored Troops and navy. They were recorded by New Jersey Adjutant General William S. Stryker in *Record of Officers and Men of New Jersey in the Civil War, 1861–1865* which was originally

published by the State of New Jersey in 1876. This source is currently available at the New Jersey State Archives and an electronic version is hosted on the New Jersey State Library's website at [http://slic.njstatelib.org/new\\_jersey\\_information/digital\\_collections/records\\_of\\_officers\\_and\\_men\\_of\\_new\\_jersey\\_in\\_the\\_civil\\_w](http://slic.njstatelib.org/new_jersey_information/digital_collections/records_of_officers_and_men_of_new_jersey_in_the_civil_w).

14. Leonard Bussanich has written about the postwar experiences of New Jersey soldiers in his articles "Will I Ever be Fit for Civil Society Again? The Challenges of Readjustment through the Prism of the New Jersey Soldier's Home at Newark" *New Jersey History* 127, no. 2 (2013) (online: available at <http://njh.libraries/index.php/njh/article/view/1794/3223>) and "'To Reach Sweet Home Again': The Impact on Soldiering on New Jersey's Troops During the American Civil War" *New Jersey History* 125, no. 2 (2010) 37–61 (online: available at <http://njh.libraries/index.php/njh/article/view/1058/2482>).
15. New Jersey Department of State, New Jersey State Archives at Trenton. Department of Institutions and Agencies, New Jersey Home for Disabled Soldiers, Admission Registers 1866 – 1976. Register of In and Out Patients, July 1866–March 1874, Box 12.
16. Civil War veterans admitted to the Trenton Psychiatric Hospital were not diagnosed as suffering from mental derangement or illness due to war service past the 1866 register. It is possible that doctors or relatives were less likely to correlate mental illness with battlefield experience once the war was removed from recent memory.
17. New Jersey Department of State, New Jersey State Archives at Trenton. Department of Human Services, Trenton Psychiatric Hospital, Case Books 1848–1910. Book C, May 10, 1862 – December 7, 1866.
18. *Annual Report of the Managers and Officers of the New Jersey State Lunatic Asylum at Trenton, New Jersey*. For the year ending October 1871, page 15.
19. *Ibid.*, 20.
20. This belief is supported by Frances Clark in "So Lonesome I Could Die: Nostalgia and Debates Over Emotional Control in the Civil War North" *Journal of Social History* 41 (winter, 2007): 253–282. She argues that recent trauma scholarship has only focused on the horrors of combat and has forgotten that the soldier was dislocated from his familiar surroundings and family which was one of the most distressing trials a soldier underwent during his time fighting.
21. Drew Gilpin Faust, *This Republic of Suffering: Death and the American Civil War* (New York: Alfred A. Knopf, 2008), 267.
22. Dean, *Shook Over Hell*, 92.

23. Faust, *This Republic of Suffering* xvi. Like Dean and Faust, Gerald F. Linderman writes that the brutality of war diminished the strong beliefs and values that prompted soldiers to fight in his book *Embattled Courage: The Experience of Combat in the American Civil War* (New York: The Free Press, 1987). His thesis is refuted by James McPherson who argues that soldier's beliefs and values carried them through the war in *For Cause and Comrades: Why Men Fought in the Civil War* (New York: Oxford University Press, 1997). These works are discussed in length in Leonard Bussanich's "To Reach Sweet Home Again": The Impact of Soldiering on New Jersey's Troops During the American Civil War."
24. Reid Mitchell, *The Vacant Chair: The Northern Soldier Leaves Home* (Oxford: Oxford University Press, 1993), 138.
25. It should be noted that between 1870 and 1888 *The Medical and Surgical History of the War of the Rebellion* was published under the direction of Joseph K. Barnes—Surgeon General of the United States Army from 1864 to 1882. This book provides detailed information on diseases, battle wounds, surgical procedures, and various other treatments. While it is an extremely important work, it does not address psychological trauma even though it was published after Dr. Mitchell defined nerve injury in *Gunshot Wounds and Other Injuries of Nerves*.
26. Valerie M. Josephson, *Stirring Times: The Lives of New Jersey's First Civil War Surgeons* (2012, [www.stirringtimes.org](http://www.stirringtimes.org)), 184.
27. Josephson, *Stirring Times*, 154. There is documentation that Taylor lived until 1909.