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Exempt from the Ordinary Rules of Life: Researching Postwar Adjustment Problems of Union Veterans.

[Civil War History](#), March, 2001, by [James Marten](#)

Oliver Wendell Holmes Jr. declared that "the generation that carried on" the Civil War--his generation--had been "set apart by its experience. Through our great good fortune, in our youth our hearts were touched with fire. It was given to us to learn at the outset that life is a profound and passionate thing." Holmes expressed his insight twenty years after the war ended, when he was already a successful lawyer and member of the Massachusetts Supreme Court. He could look forward to many more decades of a productive and cherished life, with all the fame and wealth that came with it.(1) But not all of Holmes's fellow veterans shared this satisfying post-war existence; indeed, many suffered from physical and mental disabilities that can be traced back to their own traumatic wartime experiences.

A number of the veterans whose physical, psychological, or emotional handicaps raised obstacles to adapting again to the civilian world, found havens in the asylums established for them by the federal government. The fragmentary hospital and disciplinary records of the Milwaukee branch of the National Home for Disabled Volunteer Soldiers (NHDVS) provide glimpses into the dysfunction displayed by the men living as wards of the government. They also reveal a more balanced alternative to the cheerful accounts by contemporaries and by most historians of Civil War soldiers' postwar lives. Within the pages of these incomplete volumes are striking stories of depression, decline, and disaffection that suggest how deeply the war affected some of the men who had fought it. These records, and undoubtedly similar ones from other homes, raise a host of possibilities for future research into a postwar world that required a far more complicated adjustment for veterans than most histories currently tell.

Because of the lack of attention to this subject beyond a few good works mentioned below, historical fiction may provide some clues into the kind of impact the Civil War could exert on soldiers. As imagined by Stewart O'Nan, in his recent novel, *A Prayer for the Dying*, Jacob Hansen is the sheriff, minister, and undertaker of Friendship, Wisconsin. Although he is a well-respected and competent public servant with a loving wife and daughter, remembered hardships and tragedies lurk just beneath his calm exterior. He is frequently reminded of eating horseflesh and taking desperate shelter in the warm, bloody carcass of a horse during "the siege" he endured during one hard Confederate winter, of the ruined farms he marched past, and of the accusing women and children staring hatefully at him. These experiences affect him in myriad ways--he never rides a horse, for instance, rather improbably making his rounds on bicycle. But his war experiences also give this veteran strength to face the horror of a diphtheria epidemic, during which he enforces a draconian quarantine ("no one in, no one out"); boards up a

dying and hysterical woman in her own house; and tenderly prepares the dead for burial until they become too many. To make matters unimaginably worse, an approaching forest fire threatens those few survivors under his protection, forcing him to choose between the worst of two great evils. Yet his wartime experiences also make him unable to process the grief and horror that cascade down on him. As he heroically tries to deal with an impossible situation in town, he carries on normally at home, cooking meals, visiting with and reading to his daughter and wife--even though both have died in the epidemic and are now merely embalmed ghosts. Ironically, by the end of book, he is the community's lone survivor; even the boxcar load of townspeople he helps to escape by killing the sheriff of the neighboring town at the quarantine line are trapped by the racing fire. The book ends with the veteran staggering back toward his decimated and empty town, still struggling with his past.(2)

Although he is only a literary representation of one veteran's life, it is not difficult to fit Hansen into the recent, suggestive work of Eric T. Dean--one of the only historians to investigate the issue of Civil War veterans' adjustment problems--on the ways in which some Civil War soldiers responded to the stress of combat and its lingering effects in the postwar world. Combing the records of the Indiana state insane asylum, Dean discovered that some veterans became bored with peacetime, showed a propensity for violence, alcohol, and narcotics, and developed psychiatric problems ranging from depression and anxiety to "social numbing," irrational fears, and cognitive disorders. Many had trouble concentrating and sleeping; others rejected the company of friends and family members; still others, like Jacob Hansen, experienced "flashbacks" of Civil War trauma.(3)

With a few exceptions historians have ignored the transition to civilian life. Studies of Civil War soldiers have acknowledged that the men who fought the Civil War experienced something akin to "combat stress fatigue"--in the words of James M. McPherson--caused by long exposure to combat, hard marching, exposure to the elements, and wretched diets. But most scholarly works portray the return to civilian life as requiring very little transition on the part of veterans. Earl Hess believes that the "pre-modern" mindset of the veterans, their idealism, and the less grueling, shorter campaigns they fought (compared to the every day combat of the World Wars), helped them to "not only physically survive ... the war but also emotionally triumph ... over its legacy." In his analysis of the attitudes of Civil War soldiers toward the notion of courage, Gerald F. Linderman finds a trace of lingering bitterness and a surprising forgetfulness. During the first twenty years after Appomattox, Americans--including veterans--largely ignored military matters, applauding the extraordinary reduction to less than 20,000 men of an army that most people held in very low esteem. Reid Mitchell writes more suggestively that the American citizen-soldier "in general merged into postwar society--if not painlessly, then with pains that were not often discussed."(4) But the experiences of those veterans who did not make a painless transition back to civilian life have not been adequately examined.

Three recent books on Civil War veterans--Stuart McConnell's *Glorious Contentment: The Grand Army of the Republic, 1865-1900*, R. B. Rosenberg's *Living Monuments: Confederate Soldiers' Homes in the New South*, and Patrick Kelly's *Creating a National*

Home: Building the Veterans' Welfare State, 1860-1900--are welcome forays into the experiences of Civil War veterans. McConnell focuses on the values reflected in the GAR's primary interests: veterans' pensions, proper commemoration of the war, and a unique brand of nationalism. His veterans--largely middle-class and Protestant--make an easy transition back to the civilian world, paying scant attention to the needy and alcoholic non-member veterans. Rosenberg devotes several sections to disciplinary problems among Confederate veterans, but treats them more as an administrative issue than as evidence of maladjustment among former Confederates. Kelly offers the most complete analysis of the problems faced by the old soldiers, briefly describing some of the behavioral and disciplinary problems associated with the system of national homes, but places his discussion of alcohol-related problems in a section on the economic benefits of the homes to local communities. At one point he argues that, despite the confinements of life in an institution, residents "managed to maintain their composure, self-respect, and dignity."(5)

None of these otherwise compelling works tackles in detail the issue of maladjustment among Civil War veterans, but some of them did fail to meld gracefully back into civilian life. Indeed, contemporaries sensed that not every veteran would be propped up by honor and patriotism to the extent that the physical and mental burdens placed on them by the war could be overcome. Henry Bellows, president of the U. S. Sanitary Commission, anticipated that many men would return to civilian life as less than whole people, and knew that a decision would have to be made about how to deal with them. He urged early in the war that every effort be made to avoid long-term institutionalization of crippled and otherwise disabled veterans. Their treatment should incur "as little outside interference with natural laws and self-help as possible." Most of the "invalid class" should be absorbed "into the homes, and into the ordinary industry of the country." He feared that the governments and officials of northern states would "attempt to make political capital out of the sympathy of the public with the invalids of the war ... with much bad and demoralizing sentimentality." To do so would create a "class" of men "with a right to be idle, or to beg, or to claim exemption from the ordinary rules of life." The soldiers' homes created by the Federal government and, later, by northern states did, in fact, exempt tens of thousands of physically and psychologically disabled men from the "ordinary rules of life."(6)

It is not the purpose of this essay to suggest that an epidemic existed among Civil War veterans of what modern physicians have labeled post-traumatic stress syndrome, nor to say that more or less of the veteran population suffered from alcoholism or psychological disruptions than the general population. But the sources described below clearly suggest that, at least for these unfortunate survivors, wartime experiences and injuries could erode a soldier's will and psychological health.

The three primary collections related to veterans living at the National Home--which can be found at the library of the Clement Zablocki Veterans Administration Medical Center in Milwaukee, the Milwaukee Public Library, and the Great Lakes Branch of the National Archives and Records Administration in Chicago--are the Sample Case Files, the disciplinary files ("Record D"), and several sets of hospital records. The first and least

useful group is the National Archives' inmates' files from the 1860s through the 1930s, randomly selected decades ago when most of the records of the National Homes were destroyed. They include spotty admissions and medical records and, in a very few cases, letters or other documents. "Record D," which resides in the library of the Zablocki VA Hospital, covers the years 1888 to 1899, recording the rules violations committed by inmates and the sanctions handed down to them by the administration of the home. This single, large ledger book often provides dramatic, if cryptic, accounts of the daily goings-on at the institution--sometimes in the inmates' own words. The surviving hospital records--admissions records from the home's first several years (a transcribed version can be found at the Milwaukee Public Library), a run of the Surgeon's Daily Records from early in the home's history (at the library of the Zablocki VA Hospital), and a decade's worth in several volumes of "Hospital Record" from late in the century (at the NARA branch in Chicago)--offer the symptoms reported by inmates and the sometimes bizarre treatments administered to them, along with occasional value judgments of the inmates' behavior by physicians. Complementing these key collections of documents are the published annual reports issued by the board of managers of the National Home and the annual reports published by the Northwestern Branch. Although this essay will ultimately focus on alcoholism as a symptom and cause of disability and dysfunction, these rarely used sources are also treasure troves of information on nineteenth century medical issues and treatment: as well as the response of veterans to institutionalization.(7)

Founded by an act of Congress in March 1865, the Northwestern Branch was one of three original institutions collectively called the National Asylum (later changed to Home) for Disabled Volunteer Soldiers; the other two were located in Dayton, Ohio, and Togus, Maine. The asylums were initially intended to house a relatively small number of men whose injuries in the line of duty rendered them unable to support themselves. If at all possible, they would be returned to their communities or families once they had recovered. Congress located the Northwestern Branch just west of Milwaukee on land purchased partly with \$100,000 raised by the Wisconsin Soldiers' Home Association. The first inmates moved into make shift quarters in May 1867; an appropriately grand main building was completed in 1869. Reflecting the recognition by the board of managers that many men would never recover sufficiently to support themselves--and that many others had no families on which to rely--administrators conducted a fairly continuous building program that added barracks, hospital, library, recreation building, and many other structures over the next twenty years.(8) The number of men at the Northwestern Branch rose from 212 in 1867 to 2,113 by 1900. Annual reports and other records reveal the following demographics: as many as two-thirds of the veterans were foreign-born (chiefly in Germany and Ireland); only two or three at any time were African American; most were literate; most reported their occupations as "farmer" and "laborer"; perhaps one-fourth had wives or minor children; by late in the century a large majority were between the ages of fifty and seventy. The men applying to the home in its first few years (most were admitted at least temporarily or received treatment as outpatients) came overwhelmingly from the ranks of common soldiers; of the 1493 who listed their ranks, 88 percent had been privates, while 2.68 percent had been corporals and 5.36 percent sergeants.(9)

Although the home became a haven for elderly veterans after 1884, when Congress removed the stipulation that inmates must have been disabled during their military service, it is clear that many were grievously disabled. The first five years of admission applications to the Milwaukee branch show the contours of the myriad physical problems these men faced. Interestingly, a minority (just under 44 percent) of the applicants listed injuries related to combat, while nearly 14 percent blamed their conditions on "accidents" and a little more than 6 percent named "exposure" as the causes of their disabilities. Although virtually all of the wounded men were hit by gunshot, shell, grapeshot, or canister (fully 97 percent of the total), accidents came in a number of forms. Nineteen percent happened in camp, 18 percent involved riding horses (for the record, horses fell on six soldiers, while horses and mules together kicked another nine), and a total of 23 percent occurred while riding trains or wagons. Although only one soldier sustained his injuries by falling out of a tree, three were hurt when trees fell on them, and another claimed that a collapsing barn caused his disability.

Men who identified "illness" as the source of their problems (nearly 35 percent of the total) reflected an even greater diversity of trials and tribulations. Applicants listed nearly eighty separate disabling illnesses, with rheumatism mentioned on nearly 15 percent of the applications, followed by blindness and conjunctivitis. No other illness or condition received more than 10 percent. Some seem rather minor by modern standards: "lameness," varicose veins, asthma or bronchitis, and the rather vague "general debility." Other common complaints were more serious, including consumption or other lung problems, diarrhea and dysentery, "paralysis," and heart disease. Interestingly, only one veteran listed "shellshock" as his main problem, the same number who had cholera, frostbite, gangrene, gonorrhea, jaundice, kidney stones, laryngitis, "sores," a speech impediment, swollen glands, and syphilis. Only one soldier mentioned "drug addiction," and neither "alcohol" nor "alcoholism" shows up in any applications.(10)

The "Surgeon's Daily Records" from this same period place veterans' suffering in its day-to-day contexts, showing the physical and mental toll of their various ailments over the years. Comprising notes kept by the surgeon charged with examining applicants to the home, they describe the men's complaints and detail the surgeon's diagnoses and recommendations. The surgeon also assigned each man a number on a scale of one to ten signifying his level of disability, apparently as a means of winnowing out those applicants unworthy of government support. Nevertheless, out of the eighty-one men examined during the first week records were kept, the surgeon admitted virtually all of them. The records reveal an astonishing variety of war-induced conditions. Simply scanning the first day of applications uncovers numerous causes of disabilities. Many men had suffered from several wounds, injuries, or diseases. William Schleusner, a private in the 3d Wisconsin Cavalry, had been wounded in the left hand and lost his little finger; his horse fell on him later in the war, causing the loss of strength in both arms. Another private, Michael Rilling, a Unionist exile from Kentucky, was nearly blind from glaucoma and suffered from rheumatism and fever--old men's conditions in a young veteran. Private John Icklin of New York had been wounded in the right side at Chickahominy Swamp and had lain on the battlefield for four days before receiving help; as a result, he had taken a "severe cold," causing him to go blind in his left eye and to

suffer from chronic inflammation in his "good" eye. Other applicants reported a series of gruesome conditions: open wounds and "necrosis of the bones"; the loss of both arms while "firing a salute in Milwaukee after leaving service"; amputated toes on both feet from frostbite and scurvy while a prisoner. George Green enlisted in a Wisconsin regiment in August 1862, but never served with his regiment before being discharged seven months later. His application, however, was accepted because he was "evidently of feeble mind." Not all applicants suffered terribly, however. One Jacob Duda, late of the 19th Wisconsin, sought admission because he had hurt his back in two falls: one during a night march near Petersburg, another while going to the privy, again at night. He claimed he could not work as a tailor. The surgeon doubted his veracity, but admitted that "this man speaks English imperfectly, and it is impossible for me on first examination to determine the merits of his case." Nevertheless, Duda was eventually admitted.(11)

These physical maladies prevented the victims of war's sharp end from adjusting to the competitive postwar economy. As recent research has suggested about seriously injured survivors of the Vietnam War, these ailments, combined with less tangible psychological difficulties, could lead to severe drinking. Dean found that 30 percent of his sample of troubled veterans had turned to alcohol. Similarly, the surviving records from the Northwestern Branch of the NHDVS show that alcoholism became the most serious health and disciplinary problem at the National Home--and one of the most glaring examples of the adjustment problems of many Civil War veterans.(12)

Inmates in Milwaukee had easy access to alcohol. Not only could they buy beer at the Home saloon, but they also could find dozens of taverns located just outside the grounds. In 1896, for instance, more than thirty clustered near the northern and southern entrances, many with names like "Lincoln," "Sheridan," and "Sherman." The convenience of these drinking establishments had rather inevitable consequences. A Milwaukee Sentinel correspondent claimed that "the baser sort from the city" haunted these saloons, shrewdly getting veterans to buy them drinks and then, after the old men were "stupidly drunk on vile whiskey," robbing them in the street. This availability of alcohol also caused problems on the facility's grounds. Being "drunk" and "under the influence of liquor," considered two separate violations, were among the most commonly broken rules, as described in the pages of "Record D." In 1881, for instance, they accounted for more than eight hundred of the 1,840 offenses committed (behind only absent without leave with 858) and for more than one fourth of the 3,195 arrests in 1887-88. In addition, many other offenses occurred while the inmates were imbibing, bringing the overall percentage of drinking-related violations to more than half of the total.(13)

The most severe sanctions imposed by home officials, as revealed in "Record D," punished behavior committed while under the influence of alcohol. Although most men ended up in the guard house, performed thirty or sixty days' labor without pay, or had their passes to leave the grounds revoked, a few were discharged from the home. In fact, each year about 1 to 2 percent of the inmates in the entire system were expelled for drunkenness. In Milwaukee, the offenses of six out of the nine men dishonorably discharged in 1908 included drunkenness. Some of the men with the longest lists of offenses simply drank too much. Frederick Richards, for instance, was charged with

thirteen alcohol-related offenses in less than three years. On separate occasions he was caught drunk off the home grounds, in the main building, in the cemetery, and in his quarters. Another, John O'Brien, racked up nine offenses between late 1888 and the fall of 1889.(14)

But a wide array of additional offenses could be attributed to drinking, including the frequently inscribed "coming from outside drunk." William Crawford, for instance, went AWOL nine times in a little over two years and had eleven drinking offenses, during which he refused to take a bath and was once "drunk and filthy in his bed." Michael Butler, a salty old sailor, was accused of being "drunk & disorderly" in his quarters and of calling another inmate a "son of a bitch & other vile names." Paul Cassidy had "befoul[ed] his bed" and gone "away & le[ft] it in a filthy condition." Conrad Kellner "deliberately" urinated on the floor of the barracks and, later, "committ[ed] a filthy nuisance on Carl Younger." J. W. Adee, who on occasion was punished for drunkenness, was also a violent man who committed an "assault with intent to murder," resisted being searched, and--prior to being dishonorably discharged--was "put in a cell for his violence," during which he was heard "howling & cursing all night."(15)

Although Victorian Americans were famously reluctant to talk about sexual matters, evidence of sexual frustration and maladjustment also crept into the hospital and disciplinary records. Several inmates were charged with "exposing" their "persons" on National Avenue or at a nearby train depot. Others did so in their quarters or outside in front of visiting women. In addition to swearing at guards or other inmates, they sometimes "insulted ... ladies on Home grounds" or used "indecent language in presence of ladies in depot." A similar pattern of misconduct was exhibited by Rollin Black, who was once charged with "repeatedly insulting schoolgirls & following them on Home grounds while they were going to and from school" and, on another occasion, of "insulting a young girl & putting his hand under her clothes." More disturbing was Thomas Rauschm, who had been admitted to the Home in July 1879 and to the hospital nearly a decade later because of age and paralysis. Yet he was neither too old nor too paralyzed to be arrested by the civil authorities and taken away after he was "accused of attempting to have connection with cattle."(16)

Neither Rauschm nor Black left their thoughts to posterity, but "Record D" suggests that the lives they lived disturbed a number of veterans. The staff disciplined Hannibal Hopkins for various offenses nineteen times in two years, for which he received sixty-five days in the guard house. At least twice he begged to be locked up after "suffering from a debauch." Simon O'Kane, who had twice in two weeks during 1891 requested confinement in the guard house so he could sober up, ended his torment by committing suicide. The rootlessness of many of the men comes through starkly in the records of those who, despite chronic misbehavior, found themselves at loose ends when on furlough from the home--and came back weeks before their leaves expired. David Anderson, for instance, was an incorrigible trouble-maker punished over the years for drunkenness, "jumping fence," disorderly conduct, fighting, rowdiness, and threatening a member of the Board of Directors with a knife--yet this man, apparently so ill at ease with life at the home, returned from furlough a full three weeks before it expired.(17)

While drinking created disciplinary and morale problems, the records show that it also served as one of the most serious health problems facing officials at the home. Hospital records from the 1880s suggest that at least 14 percent of all cases of disease or injury were related to drinking. Attending physicians sometimes merely wrote "alcoholism" to describe a patient's condition, but most cases were more complicated. Patrick King came into the hospital with double pneumonia on November 3, 1883, after a "protracted debauch of 7 days" and died less than three days later. The surgeon blamed his death on "long continued periodic sprees." Drinking exasperated existing conditions such as heart disease, asthma, insomnia, and digestive problems; caused old men to fall down stairways or to black out and freeze to death while walking home in bitterly cold Milwaukee winters; and caused psychological problems so severe that some men had to be put in restraints, placed in the "insane ward," or transferred to the asylum for insane veterans in Washington. Other injuries occurred as intoxicated veterans fell out of windows, tripped over sidewalks, or lurched into barroom brawls.(18)

Some veterans obviously had been alcoholics long before they entered the home and already suffered from advanced stages of terminal conditions. Entering the home in May 1883, Leopold Knoll was transferred from the guardhouse to the hospital in November of that same year, "partially stupefied." He had "been on a spree" and injured an elbow from a hard fall. He suffered from constipation, bed sores, and partial paralysis of his left side, and by mid-December was "rapidly emaciating and becoming entirely demented." Despite the doctors' vigorous application of turpentine enemas and strychnine pills, he died six weeks after going into the hospital and less than a year after entering the home. Charles Redburg had been in the home for only six months when he was admitted to the hospital with rheumatism and frostbitten ears. He, too, came straight from the guard house, "where he had been serving out a sentence for [a] debauch." The surgeon let his professionalism slip a bit when he scribbled that Redburg was "an incorrigible Drunkard although a well educated man." Mathais Bauer, who transferred from the Central Branch in Dayton to Milwaukee on April 13, 1884, went straight to the guardhouse and, two days later, to the hospital. The surgeon reported that on the trip from Ohio he had drunk "considerable bad whiskey." His demeanor was by turns violent and morose. He returned for a time to the guard house but came back to the hospital, where he remained until sent to the veterans' insane asylum in Washington.(19)

Reports linked only a few soldiers to a growing societal problem--an addiction to opium. By the end of the nineteenth century at least some Americans assumed that many former soldiers had become addicted to the narcotic, with the result that it was frequently referred to as the "soldier's problem." Yet the sources reveal only a few veterans at the National Home who had developed the opium habit.(20) Jarvis Hartson had been at the Home for a year and a half before entering the hospital, where he stayed on and off for nearly a year. His temporary job in the laboratory gave him the opportunity to steal and consume opium and chloral hydrate--which almost killed him. In addition to being an opium addict, the doctor described him as "feeble & emaciated" as well as "a chronic inebriate." He also spent time in the insane ward before going back to his company. Charles Hoxie had been admitted to the hospital in mid-1889 for "colic," but the surgeon went on to explain that Hoxie was "an olde Opium habit eater, and is Excessively



Emotional, when its supply cannot be kept up." He suffered from hepatitis, emaciation, constipation, nausea, and "frequent expectorations of bile."(21)

The Sample Case Files reveal even more extended narratives of a few inmates' lives--and of their maladjustment to peacetime. One of the surviving cases is that of Henry Ives, who died on a Saturday in March 1878. Ives had spent all of Friday afternoon and most of the night drinking at a nearby saloon named Brady's. By Saturday morning he was in the guardhouse sleeping off what the home's surgeon would later call his "recent debauch." He had also been charged with being absent without leave from his post as a police officer at the home. During the day the surgeon prescribed several doses of chloral hydrate to steady his nerves, and by supper time he was well enough to eat a hearty meal. Shortly afterwards, however, he collapsed and died.

The autopsy revealed a damaged heart, liver, and spleen; an inflamed stomach; and "very much congested" kidneys. The surgeon believed that Ives had died from "muscular exhaustion of the heart" brought on by "chronic Alcoholism." The brief investigation that followed, which included testimony from doctors, the keeper of the guardhouse, and fellow veterans, came to the same conclusion. One of the witnesses had been with Ives at Brady's that night, and had also ended up in the guardhouse with the doomed inmate. Another guard house witness admitted that he had still been drunk when Ives died, and went on to describe his own Friday evening: "I met some old friends; and drank too much; and, then, left the Home; without permission; and, then, got drunk again."(22)

The career of another inmate plagued by alcohol problems proved that even the worst punishment that officials could levy against a veteran--a dishonorable discharge from the home--was not permanent. David Dunn's case file shows that this former member of the 11th Pennsylvania was in and out of trouble--and in and out of at least two branches of the NHDVS--over the course of the eight years preceding his death in 1877. Dunn had lost his right arm during the war. Afterwards, he entered the Central Branch in Dayton, Ohio, where he was apparently discharged against his will before applying to the Northwestern Branch in 1869. A letter of support from an official at the Central Branch observed that although "Dunn is one of those poor unfortunates, of whom you can say good things when he is sober," he was "often drunk." Nevertheless, the official asked the head of the Northwestern Branch to "have mercy & forgive if possible--He is certainly a good man when sober." He succeeded in gaining admission to the Home in Milwaukee, but over the next several years was discharged and re-admitted several times, once for "habitual drunkenness and having a bottle of whiskey in his possession on the Home Grounds." After his death in a railroad accident in Milwaukee in June 1877, a sister claimed his effects, but was turned down. Ten years later, a widow surfaced. Her claim for the effects was approved, and Dunn's case was closed. There was no official comment in the file on either of these women, but that Dunn was largely isolated from both his birth family and his spouse is made fairly clear by the disposition of the former and the time it took for the latter to track down Dunn's belongings.(23)

One more Sample Case File reveals the desperation of some veterans. James Ford, another Pennsylvanian assigned to the Milwaukee Home, had entered the system in 1868

with a crippled hand. He left without permission, he later wrote, thinking he could "earn a living," which he apparently did until "the great depression of business" that struck in the early 1870s. He eventually returned to the home, but had several run-ins with the authorities. In 1869 he was dropped from the rolls as a deserter, but was re-admitted (and deserted) two more times. His most fateful episode was a disastrous 1879 encounter with Gen. Benjamin Butler, head of the board of managers, as the board conducted one of its periodic inspections of the National Homes. Ford appeared before the board--which always set aside time to talk to individual inmates--"in a drunken condition." Butler ordered him into the guardhouse. A few days later, Ford "laid in wait for the provost-sergeant"--the man who had carried out Butler's order--"and made an unprovoked assault upon him with a club ... declaring it to be his purpose to kill him." He was immediately discharged. He stayed away for several years, although when he meekly wrote in 1886 asking if he was still eligible for membership in the home, he was re-admitted, apparently for good.(24)

Although it transcends this essay's simple purpose of describing sources pertinent to the study of veterans' lives, it should briefly be noted that administrators of the National Homes fought alcoholism with the limited means at their disposal. Administrators instructed physicians to "use such remedies as they, in their professional opinion, may deem proper" to treat alcoholism, which by 1903 was listed in hospital records as a condition, divided into "acute" and "chronic." Most of their treatment consisted of denying veterans access to alcohol and then trying to moderate the withdrawal symptoms with small doses of other narcotics or depressants, such as whiskey, bromide solutions, morphine injections, and chloral hydrate. Surgeons followed up in a few cases by prescribing special diets.

And, for a brief time in the early 1890s, the Northwestern Branch treated alcoholics in its own sanitarium, which operated under the principles of a "cure" that had swept the country. Founded by a former Civil War army doctor, Leslie E. Keeley, the "Keeley Cure" prescribed injections of a secret compound called "Double Chloride of Gold" four times a day, and less powerful doses of the medicine every two hours. In addition, the patients were treated with a several-week course of sympathy and understanding. Ultimately, it was hoped that the cure would break their addictions, which would restore their self-respect, and place their lives back on track.

The Institute in Milwaukee became one of the featured attractions at the meeting of the Northwestern Soldiers' Association. Delegates representing a number of state-run soldiers' homes toured the National Home grounds and heard the head of the Milwaukee Home speak on "the drink habit and the Keeley cure." In 1894, Cornelius Wheeler, governor of the home, declared that "the Home seems almost a model community when compared, or rather contrasted, with its character" three years before. The number of disciplinary cases reported had fallen from over five thousand in 1890-91 to less than sixteen hundred for the 1893-94 fiscal year, a startling statistic that he attributed to the presence at the home of a Veteran Keeley League and a Keeley Institute.(25)

As in the cases of so many of the conditions supposedly "cured" during this golden age of patent medicines, a true solution to alcoholism proved elusive. The Keeley cure disappeared within a year or two of its appearance in Milwaukee, and by 1907, the year in which Congress finally banned beer sales at the homes, disciplinary offenses had risen 28 percent, with bringing liquor into the home and drunkenness accounting for well over a third of the total.(26)

The records of the Northwestern Branch of the NHDVS do not show that all disabled veterans of the Civil War failed to adjust to their peacetime lives. Indeed, as late as 1910, only 5 percent of all Civil War veterans--Confederate and Union alike--were institutionalized, and there does not seem to have been the widespread belief that veterans of the Civil War were any more likely than any other group of men to be unbalanced or a burden on society.(27) Furthermore, many of the men who did end up in the state or federal soldiers' homes apparently adapted well to their situations. Elizabeth Corbett's memoir of growing up at the home her father was an official of the Northwestern Branch from the 1890s to the 1910s offers charming vignettes of lovable and well-adjusted--if eccentric--men collecting baskets full of used matches, producing chests--full of fake medals, proposing to young women visiting the home, and offering Smith Brothers' cough drops to younger guests.(28) It should come as no surprise, then, that when Americans in the late nineteenth century thought of the hundreds of thousands of veterans living among them, they did so in the contexts of the yearly Memorial Day celebrations of soldiers' heroism and sacrifices, in the solemn patriotism of the Grand Army of the Republic, or in the boisterous waving of the "bloody shirt" by veterans-turned-politicians. But, as a survey of the records of the NHDVS suggests, there were clearly less positive versions of the postwar reality for many Civil War veterans.

(1.) *The Essential Holmes: Selections From the Letters, Speeches, Judicial Opinions, and Other Writings of Oliver Wendell Holmes, Jr.*, ed. Richard A. Posner (Chicago: University of Chicago Press, 1992), 86-87.

(2.) Stewart O'Nan, *A Prayer for the Dying* (New York: Henry Holt, 1999). For a real-life comparison to the spectacular calamities experienced by this fictional town, see Michael Levy, ed., *Wisconsin Death Trip*, 2d ed. (Albuquerque: University of New Mexico Press, 2000), which offers contemporary photographs and newspaper accounts of epidemics, murders, insanity, and suicide in Black River Falls, Wisconsin, between the 1880s and the turn of the century.

(3.) Eric T. Dean, Jr., *Shook Over Hell: Post-Traumatic Stress, Vietnam, and the Civil War* (Cambridge: Harvard University Press, 1997). For more on the economic, physical, social, and psychological problems facing returning Civil War veterans, see Richard Severo and Lewis Milford, *The Wages of War: When America's Soldiers Came Home--From Valley Forge to Vietnam* (New York: Simon and Schuster, 1989), 130-31, 138-41, 176; and Larry M. Logue, *To Appomattox and Beyond: The Civil War Soldier in War and Peace* (Chicago: Ivan R. Dee, 1996), 85-89.

(4.) James M. McPherson, *For Cause & Comrades: Why Men Fought in the Civil War* (New York: Oxford University Press, 1997), 43-45, 163-67; Earl J. Hess, *The Union Soldier in Battle: Enduring the Ordeal of Combat* (Lawrence: University Press of Kansas, 1997), 196-98; Gerald F. Linderman, *Embattled Courage: The Experience of Combat in the American Civil War* (New York: Free Press, 1987), 266-97; Reid Mitchell *Civil War Soldiers: Their Expectations and Their Experiences* (New York: Viking, 1988), 208.

(5.) Stuart McConnell, *Glorious Contentment: the Grand Army of the Republic, 1865-1900* (Chapel Hill: University of North Carolina Press, 1992), 76-79, 80, 127-38; R. B. Rosenburg, *Living Monuments: Confederate Soldiers' Homes in the New South* (Chapel Hill: University of North Carolina Press, 1993), 87-89, 111-31; Patrick Kelly, *Creating a National Home: Building the Veterans' Welfare State, 1860-1900* (Cambridge: Harvard University Press, 1997), 141-46, 154-55, 165-66, 175-78, quote on 149. A recent book on Revolutionary War veterans, which only hints at the psychological scars left by combat during the first war with Britain, is more concerned with early national attitudes about patriotism, the deserving poor, and the intersection of attitudes about culture, politics, and the military. See John Resch, *Suffering Soldiers: Revolutionary War Veterans, Moral Sentiment, and Political Culture in the Early Republic* (Amherst: University of Massachusetts Press, 1999).

(6.) Henry Bellows to Stephen G. Perkins, Aug. 15, 1862, doc. 49, in *United States Sanitary Commission, Documents of the United States Sanitary Commission* (New York, 1866), 2.

(7.) Patrick Kelly's *Creating a National Home* focused primarily--but not exclusively--on the Central Branch of the NHDVS at Dayton, Ohio. In addition to local newspapers, a few memoirs, and an impressively wide array of sociological, psychological, and other secondary works, he relied mainly on the annual reports of the board of managers and of the Central Branch, as well as a handful of well-chosen sample case files.

(8.) Kelly, *Creating a National Home*, 77-88, 128-30; Robert J. Neugent, "The National Soldiers' Home," *Historical Messenger* 31 (Autumn 1975): 88-96.

(9.) *Milwaukee Sentinel*, Dec. 26, 1870; *Annual Report of the Northwestern Branch, National Home for Disabled Volunteer Soldiers, 1874* (Milwaukee: National Soldiers' Home Printing Office, 1875), 1-4; *Annual Report of the Northwestern Branch, National Home for Disabled Volunteer Soldiers, 1875* (Milwaukee: National Soldiers' Home Printing Office, 1876), 1-3; *Milwaukee Sentinel*, Feb. 14, 1878, Aug. 10, 1881, Aug. 4, 1885, March 14, 1887.

(10.) *Admission Applications, 1867-1872: National Home for Disabled Volunteer Soldiers, Northwestern Branch, Milwaukee, Wisconsin*, Humanities and Local History Division, Milwaukee Public Library. The author acknowledges the indispensable work of Henry Blanco in the compilation of statistics from the Admission Applications.

(11.) "Surgeon's Daily Records, 1867-1877," Library, Clement J. Zablocki Veterans Administration Medical Center, Milwaukee, Wisc., 2, 4, 7, 8, 13, 33 (Green), 29 (Duda).

(12.) Dean, Shook Over Hell, 87, 98-108; Charles R. Figley and William T. Southerly, "Psychosocial Adjustment of Recently Returned Veterans," in Strangers at Home: Vietnam Veterans Since the War, ed. Charles R. Figley and Seymour Leventman (New York: Praeger, 1980; New York: Brunner/Mazel, 1990), 167-80; Richard A. Kulka, et al., Trauma and the Vietnam War Generation: Report of Findings from the National Vietnam Veterans Readjustment Study (New York: Brunner/Mazel, 1990), 86-138, 139-88. Of the more than one hundred PTSD veterans examined by Herbert Hendin and Ann Pollinger Hass, three-fourths abused alcohol at one time or another after returning from Vietnam. See Wounds of War: The Psychological Aftermath of Combat in Vietnam (New York: Basic Books, 1984), 183-84.

(13.) Wright's Milwaukee County and Milwaukee Business Directory, 1896 (Milwaukee: A. G. Wright, 1896), 323-29; Milwaukee Sentinel, June 29, 1884; "Record D," 1-110, 547-56, 681-90.

(14.) Kelly, Creating a National Home, 144; "Northwestern Branch, National Home for Disabled Volunteer Soldiers, General, Special, and Circular Orders, 1908," Zablocki Center Library; "Record D," Zablocki Center Library, 3-4.

(15.) "Record D," 12-13, 584, 183, 289.

(16.) "Hospital Record," 4:5, N. W. Branch, National Home for Disabled Volunteer Soldiers, R.G. 90, Records of the Public Health Service, National Archives and Records Administration, Great Lakes Region, Chicago, Illinois.

(17.) "Record D," 1, 187, 333.

(18.) "Hospital Record," 1:5. Statistics come from a sampling of three volumes of the "Hospital Record": 1:1-155, 4:1-78, 281-90, 391-400, 5:1-10, 101-10, 201-10, 301-10, 401-10, 501-10.

(19.) "Hospital Record," 1:5, 75, 106.

(20.) David T. Courtwright, "Opiate Addiction as a Consequence of the Civil War," Civil War History 24 (June 1978): 101-11.

(21.) "Hospital Record," 1:150, 4:42.

(22.) Henry Ives File, Sample Case Files, box a, RG 15, Records of the National Home for Disabled United States Soldiers and the National Homes Service of the Veterans Administration, 1866-1937, National Archives and Records Administration, Great Lakes Region, Chicago.

(23.) David Dunn File, Sample Case Files.

(24.) James Ford File, Sample Case Files.

(25.) Proceedings of the Northwestern Soldiers' Home Association (Fullerton, Neb: Nance County Journal, 1895), 25, 24; Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers (Washington, DC: GPO, 1894), 202-8. For a brief look at the Keeley Cure, see Edward Lender and James Kirby Martin, *Drinking in America: A History*, rev. ed. (New York: Free Press, 1987), 123-4.

(26.) Annual Report, 1907, 155, 145.

(27.) Theda Skocpol, *Protecting Soldiers and Mothers: The Political Origins of Social Policy in the United States* (Cambridge: Harvard University Press, 1992), 140-41.

(28.) Elizabeth Corbett, *Out at the Soldiers' Home: A Memory Book* (New York: D. Appleton, 1941), 100-104, 60-61.

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