

LESSON 2: TRYING TO CURE COWARDICE

INTENDED AUDIENCE

High-school students; first- or second-year undergraduates in history, social studies, or science

LEARNING OBJECTIVES

- *Analyze how army surgeons were enforcers of military discipline.*
- *Assess how Civil War Americans understood the relationships among body, mind, race, and character in creating the model soldier.*
- *Describe how Civil War surgeons used biological classifications to expose cowards.*
- *Describe how the Civil War medical community understood battlefield trauma.*

TIME REQUIRED FOR LESSON

This lesson includes a discussion and analysis exercise and a role-play. They can be treated as mutually exclusive activities. The discussion and analysis exercise can be tailored to a one-hour class session. The role-play exercise can be performed within a one-hour class. The debriefing question is intended as a supplementary exercise to provide broader context to the classroom discussion.

KEY TERMS/WORDS

cowardice, malingering, nostalgia, melancholia, feigned diseases

MATERIALS REQUIRED

Readings that accompany this lesson.

BACKGROUND

Every man who entered Civil War military service faced immense pressure to be brave, steadfast, and emotionally under control when facing the enemy.

From his friends, his family, and his comrades, a soldier was told to be a man, to do his duty, and to come home with his reputation intact. The charge of cowardice was to be avoided at all costs, since a breakdown in battle was interpreted as a failure of character and a loss of principle. Worst of all, cowardice was seen as a disgrace that would reflect poorly upon family and friends, not just the soldier convicted of the crime. Today we know that exposure to intense violence can traumatize soldiers, both physically and mentally. During the Civil War, if a man suffered an emotional collapse in battle, the doctors did not think in terms of what today we call post-traumatic stress disorder (PTSD). Without a visible injury, a Civil War soldier seeking a medical discharge was often suspected of shirking or malingering—code words for cowardice. Frequently, army surgeons had to determine who was really sick and who was actually a coward. A physical examination, as the doctors discovered, was often not sufficient, since their inquiries often failed to turn up visible evidence that could be directly connected to the soldier's reported but unproven malady. Throughout the Civil War soldiers had a strained, sometimes adversarial relationship with their doctors, who were often blamed for keeping them in the ranks and making them fight even when they thought they were too sick to do their duty.

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1. DISCUSSION AND ANALYSIS EXERCISE

Have students read the Roberts Bartholow document (see below) and identify the characteristics that they see as essential to being a good soldier.

QUESTIONS FOR CLASS DISCUSSION

- *How does he use biology to justify his arguments?*
- *Does Bartholow create a racial hierarchy? If so, how would you characterize it?*
- *What are Bartholow's points of comparison when evaluating the strengths and weaknesses of the various races found in the army (Negro, American, Celtic, Teutonic, Spanish-American)?*
- *Based on Bartholow's analysis, what race or races will face the least evidence of cowardice and why?*

After the class discusses the Bartholow piece, have the class read the Calhoun document.

- *Identify the guiding assumptions of the author, a Union surgeon, who describes the transformative power of battle.*
- *What is nostalgia and why is this important to military commanders?*
- *What does Calhoun see as the root problems?*
- *What does he prescribe as a cure for cowardice?*

Roberts Bartholow, "Sanitary Memoirs of the War," in Contributions Relating to the Causation and Prevention of Disease, and to Camp Diseases ed. by Austin Flint (New York: Hurd and Houghton, 1867), pp. 3-7.

Complete text available on-line at: <https://archive.org/details/contributionsrel00flinuoft>

[Lesson 2 Attachment 1]

J. Theodore Calhoun, "Nostalgia, As a Disease of Field Service. A Paper read before the Medical Society of the 2nd Division, 3rd Corps, Army of Potomac, February 10th, 1864," in Medical and Surgical Reporter Vol. 11 (February 27, 1864), pp. 130-32.

[Lesson 2 Attachment 2]

QUESTION FOR FURTHER RESEARCH

- *The doctors who wrote the essays used in this exercise held a theory of physiology (the study of the biological processes or symptoms of the body) that included a moral dimension. Based on all of the readings supplied with this exercise, describe and analyze the moral qualities identified by doctors as strengths of soldiers and as weaknesses which lead to cowardice.*

2. ROLE-PLAY

Select seven students to be a panel of Civil War surgeons convened to discuss and evaluate difficult cases. One student on the board will be the moderator for the role play. All other students in the class serve as spectators. The board has been asked to review case notes for two patients suspected of cowardice. One student/surgeon in the panel will present (summarize, but not read from) Case II (below). A second student/surgeon will then present Case III (below). Each student/surgeon shall summarize the case and make an argument about the true state of the soldier. The panel moderator shall guide a discussion with fellow panel members to answer this question:

- *Was each soldier feigning (faking) illness, malingering, or was each really ill?*

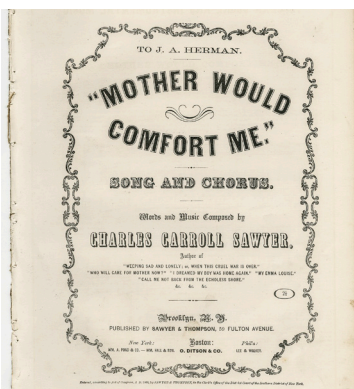
The panel's reasoning must reflect Civil War medical assumptions from the readings.

After the panel has concluded its discussion, the class instructor asks the student spectators:

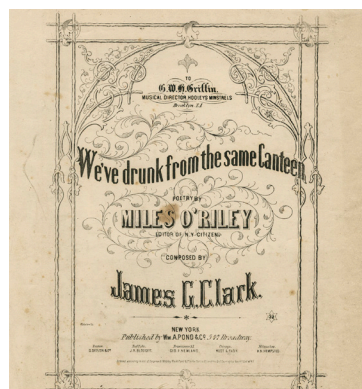
- *Why were these cases so puzzling to the surgeons?*
- *What additional questions could have been asked by the surgeons?*
- *How is our knowledge of PTSD helpful today in determining whether a soldier is faking a disease or physical injury or perhaps suffering from psychological injury?*

Cases II and III, "Domestic Summary," *The American Journal of the Medical Sciences*, Vol. 50 (July 1865) 564-65. [Lesson 2 Attachment 3]

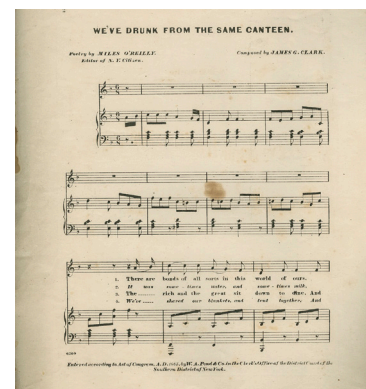
Case---Private Dewitt, D. R. Co. C. 68th PA. in William W. Keen, S. Weir Mitchell, and George R. Morehouse, "On Malingering, especially in regard to Simulation of Diseases of the Nervous System." In *The American Journal of the Medical Sciences* Volume 48 (October 1864). [Lesson 2 Attachment 4]



"Mother would comfort me" song sheet cover, sentimental song written and composed by Charles Carroll Sawyer, 1863



"We've Drunk from the Same Canteen" song sheet cover, by Maj. Charles G. Halpine (Private Miles O'Reilly), 47th N.Y. Vol. Inf.



"We've Drunk from the Same Canteen" song sheet music notes on pg.1, by Maj. Charles G. Halpine (Private Miles O'Reilly), 47th N.Y. Vol. Inf.

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DEBRIEFING QUESTION

In evaluating students' recommendations for the patients in the role-playing section, have them read Bartholow's analysis (below) about why and how men malingering.

- How do Bartholow's observations compare with your reasoning?
- Explain why doctors could only see cowards as men without character rather than victims of trauma.

Roberts Bartholow, "The Various Influences Affecting the Physical Endurance, the Power of Resisting Disease. Etc., of the Men composing the Volunteer Armies of the United States," in Contributions Relating to the Causation and Prevention of Disease, and to Camp Diseases; Together with A Report of the Diseases, Etc., Among the Prisoners At Andersonville, Ga. (New York: Hurd and Houghton, 1867), 20-27.

Complete text available on-line at:

<https://archive.org/details/contributionsrel00fhuoft>

[Lesson 2 Attachment 5]

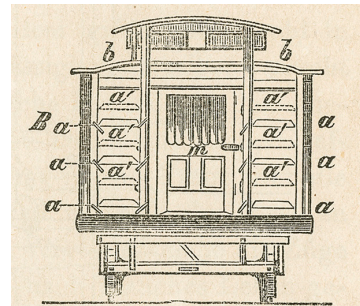


Fig. 20 B.
Durchschnitt durch die Mitte des Hospitalwagens.

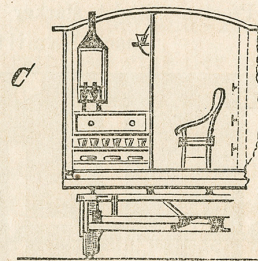


Fig. 20 C.
Durchschnitt durch die Apotheke am Ende des Hospitalwagens.

Diagram showing the interior compartments of an American Hospital Wagon

Courtesy of Historical Medical Library of The College of Physicians of Philadelphia

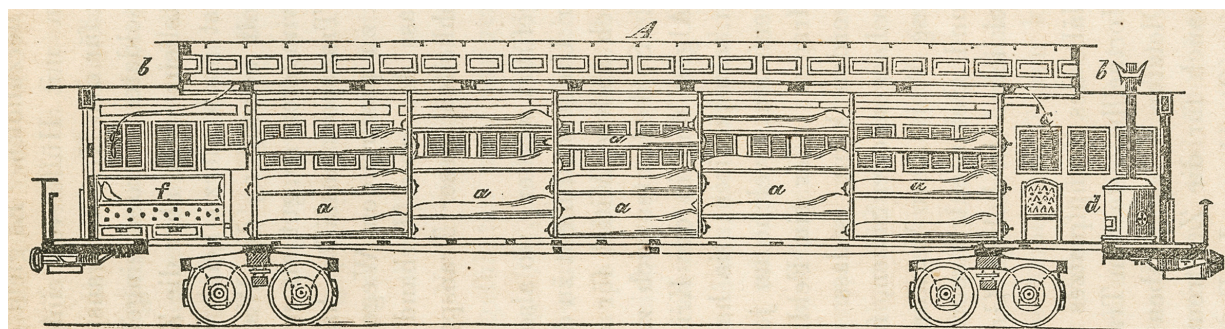


Fig. 20 A.
Längendurchschnitt eines amerikaischen Hospitalwagens.

Diagram showing the interior compartments of an American Hospital Wagon

Courtesy of Historical Medical Library of The College of Physicians of Philadelphia

BIBLIOGRAPHY

Earl J. Hess, *The Union Soldier in Battle: Enduring the Ordeal of Combat* (Lawrence: The University of Kansas Press, 1997). Online at:
<http://books.google.com/books?id=N4N2AAAAMAAJ&q=enduring+the+ordeal+of+combat&dq=enduring+the+ordeal+of+combat&hl=en&sa=X&ei=in27Uc6lJtTK0gGlj4GoCg&ved=0CC8Q6AEwAA>

Gerald F. Linderman, *Embattled Courage: The Experience of Combat in the American Civil War* (New York: The Free Press, 1987). Online at:
http://books.google.com/books/about/Embattled_Courage.html?id=GSbGEEjmcKUC

James M. McPherson, *For Cause & Comrades: Why Men Fought in the Civil War* (New York: Oxford University Press, 1997). Online at:
http://books.google.com/books/about/For_Cause_and_Comrades_Why_Men_Fought_in.html?id=1qhEHVki8tEC

WEB LINKS

Short history of PTSD

<http://www.pbs.org/wgbh/pages/frontline/shows/heart/themes/shellshock.html>

Lesson plan on bravery/desertion

<http://www.nlm.nih.gov/exhibition/lifeandlimb/education/highereducation/ordealclass4.html>

Nostalgia as illness

<http://opinionator.blogs.nytimes.com/2012/04/19/home-sweet-home/>

The key source (*Contributions Relating to the Causation and Prevention of Disease, and to Camp Diseases* ed. by Austin Flint) for assigned readings can be found online:

<https://archive.org/details/contributionsrel00flinuoft>

Pennsylvania Education Standards
(see <http://www.pdesas.org/standard/views>)
PA Core History and Social Studies standards

11TH GRADE

1.2.11.A-E; 1.6.11.A-B; 8.1.U.A-B; 8.3.U.A-D

12TH GRADE

1.2.11.A; 1.2.12.B-D; 1.6.12.A-B; 8.1.12.A-B; 8.1.U.A-B; 8.3.12.A-D

COMMON CORE 11TH-12TH GRADES

CC.1.2.11-12.A, B, I; CC.1.4.11-12.A, H, I; CC.1.5.11-12.A, D, G; CC.8.5.11-12.A-C, F, H; CC.8.6.11-12.H



Civil War era embossed valentine with colored lithograph of a Union soldier embracing his sweetheart

Courtesy of Robert D. Hicks, PhD



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THE VARIOUS INFLUENCES AFFECTING
THE PHYSICAL ENDURANCE, THE
POWER OF RESISTING DISEASE, ETC.,
OF THE MEN COMPOSING THE
VOLUNTEER ARMIES OF THE UNITED STATES

SANITARY MEMOIRS OF THE WAR, CHAPTER FIRST

The various influences affecting the physical endurance of the men composing our volunteer armies, their power of resistance to disease, etc., may be comprehended in four groups, namely: —

1. *The influences in operation previous to enlistment;*
2. *The causes affecting the physical stamina of the recruit subsequent to enlistment;*
3. *The causes affecting the physical stamina of the soldier in active service; and,*
4. *Moral causes, as malingering, desertion, nostalgia, etc., in operation during the whole period.*

Under the first head must be included an outline of the qualifications of a recruit for the military service: race, temperament, occupation, age, height, weight, capacity of thorax, muscular development, and a proper performance of the function: of animal and organic life.

The races composing our volunteer army consisted chiefly, of American, Celtic, Teutonic, Negro, and the mixed Spanish-American of New Mexico. The term American applies, of course, to the composite race now inhabiting the continent, and not to the aborigines. It will be useful to contrast, in no individual spirit, the aptitude for military service and the power of endurance respectively displayed by these several races. As regards these qualities, they stand to each other in the relation in which they are placed above—the American first and the Spanish-American last.

The mental characteristics that fit the American for the military service consist of a spirit of enterprise and an intellectual hardihood which render him superior to fatigue; an easy bearing under defeat, and a buoyant self-confidence which misfortunes do not easily depress. The national vanity and love of popularity may have much to do in the formation and development of these military qualities. So acute an observer as Dr. Jackson formed a very different opinion of the American character. “The people of North America are deficient in two qualities that are essential to the formation of military force, namely, the subordination which submits patiently to such forms of molding and discipline as render the human race a machine, obedient to the will of a general to whatever point it may be applied; or, secondly, the ardent love of country, which, rising to enthusiasm, produces acts of individual heroism beyond the calculations of tacticians and superior to the arts of mere mechanism.” Events have not justified the harsh criticism of Dr. Jackson.

The physical qualities which fit the American for military service vice consist, not so much in muscular development and height as in the toughness of his muscular fibre and the freedom of his tissue from interstitial fat, whereby active and prolonged movements are much facilitated. In active service he fails more frequently from defects in his digestive apparatus and from a phthisical [lung or throat disorder] tendency, than from a lack of power due to imperfect physical development.

The Celtic races possess similar qualities, and in respect of merely physical development are not unequal to the American, but they have less tenacity of purpose and mental hardihood. As mercenary soldiers they did not exhibit the same zeal, energy, and power of endurance. They submitted with less patience than the Americans to the requirements of discipline, were frequently turbulent under hardships and given to complaints about the rations and fatigue duties. Irish laborers were especially notorious for their dislike to fatigue duties.

The German element of the volunteer army did not equal the American or Celtic in the physical capacity for military service. There are certain defects of structure, common in a greater or less extent to all Germans, which impair their powers of endurance—a predominance of the lymphatic temperament; a patulence or unusual weakness of the abdominal rings; flatness of the feet, and a tendency to a varicose condition of the veins of the inferior extremities.

The German carries into the military service many of the mental and moral qualities for which he is most conspicuous in civil life, namely, thrift, fondness for good living, and a love of ease and enjoyment. The first inclines him to serve for hire and to make the most of his opportunities for emolument; the second produces discontent, and even unfits him for service when the rations are deficient; and the third renders him restive under hardships and exposure.

The Negro possesses many of the physical qualities pertaining to the highest type of the soldier: sufficient height, a due correspondence between height and weight, ample thorax, and considerable power of endurance. His chief physical defects are small, ill-developed calves and bad feet, and a proneness to disease especially of the pulmonary organs. Having the faculty of imitation highly developed and being fond of the exterior show and parade of military life, he readily becomes an adept in the mechanical training of the soldier. The Negro soldier is, unquestionably, less enduring than the white soldier; less active, vigilant, and enterprising, and more given to malingering. The Mulatto is feebler than the Negro, invariably scrofulous, and more frequently the subject of pulmonary disease.

The mixed race of New Mexico is inferior to the Negro. Of three regiments raised in New Mexico at the beginning of the war and examined by me, scarcely one fifth were fitted for service. The chief defects were, feebleness of constitution, the syphilitic cachexia [atrophy or wasting away], impaired vision, deformities of the hands and feet, and diseases of the urinary organs. They are cowardly, unreliable, and difficult to control, in consequence of a very mercurial temperament.

It is not easy to determine how those special physical characteristics, denominated temperaments, influence the will, the moral qualities, and the power of endurance. It is probably true that the light-haired, blue-eyed — the sanguine, are more susceptible to the influence of malaria, to diseases of the spleen, and to albuminoidal degeneration of organs; the dark temperaments to diseases of the liver, to dysentery, and to pneumonia. The influence of temperament over the moral qualities will be considered more properly in the fourth group.

The influence of occupation upon the physical health is obvious enough. Those who pursue sedentary trades, who live much in-doors, or who are exposed in the course of their business and pursuits to crowd-poisoning, or to vitiated air from any cause, are by no means so well fitted for military service as those whose employments require them to spend much time in the open air, especially in the open air of the country. Hence farmers, lumbermen, and railroad men are better prepared to endure the hardships of a soldier's life than clerks, weavers, shoemakers, etc.

Thirty years is undoubtedly the most suitable age for military service, for at this period the development is complete, the body is inured to climatic vicissitudes, and is, in most instances at least, more or less familiar with hardships, and the reason has acquired somewhat more control over the appetites and passions. The Enrollment Act fixed the minimum age at 20 years, and the maximum at 45 years. This wise regulation was frequently disregarded, except in the case of drafted men. It was not uncommon to find youths of 15 years and old men of 60 years in the ranks, but more frequently in the hospitals. In the English service the minimum age is 18; in the French and Prussian 20, and in the Austrian 19. As a majority of the most military nations have so decided after considerable experience, the age of 20 years must be regarded as the earliest suitable age for the military service.

The medium height, a weight of 160 pounds, 33 inches in the girth of the chest, and an expansive mobility of 3 inches, *caeteris paribus* [all other things being constant], present the conditions as to physical health most favorable to military service. Symmetry is by no means so important as swelling muscles, well-marked bony prominences and well-developed joints—for these are the evidences of power and endurance. Great height is frequently objectionable, because gained at the expense of the development of the thorax. The rule is that the girth of the chest at the level of the nipple should equal half the height, but in tall men this rule may be violated. Excessive weight or obesity is still more decidedly disqualifying than excessive height.

Perfection of the senses is essential. The organs of special sense should not only be free from disease, but they should have that ready appreciation of their appropriate stimuli, which is a proof of the healthy activity of the central nervous system. The functions of all the organs should be so well performed that the happy balance between waste and supply should be maintained.

Besides these physical requirements, there are certain mental states favorable, and certain others unfavorable, to the proper performance of military service. The soldier should possess a cheerful disposition, a calm temper, and that indifference to danger and fatigue which is more frequently the result of mental forces than physical strength.

We assume that the recruit submitted to the usual inspection conforms to the standard as set forth in the preceding paragraphs. The question then occurs, What causes arising in his previous life and experiences may affect his physical stamina, independently of the new conditions to which he is subjected immediately on enlistment? These causes may include certain hereditary diseases, as insanity, epilepsy, scrofula, and tuberculosis; and such acquired cachexiae [wasting away, atrophy] as the chronic malarial poisoning, masturbation, chronic alcoholism, and incipient disease of important organs. Although not recognizable on ordinary examination, these conditions may yet exist in sufficient degree to be readily excited by ordinary causes into well-defined morbid processes.

The operation of these occult causes of disease in recruits antecedent to enlistment is shown in the following statistics:

- *In 15,500 discharges on surgeon's certificate, as examined by me at the War Department, there were 154 for mental infirmities, 841 for epilepsy, 411 for various cachexiae, 44 for bad moral character, and 3593 for diseases of the chest. A large majority of these were either hereditary, or existed in modified form at the time of enlistment.*

Many of the causes affecting the physical stamina of the recruit previous to enlistment might have been recognized by proper care and diligence in the examination. The neglect to examine men in the beginning of the war, and the lack of thoroughness in the examinations afterward, increased the number of men serving, but diminished the relative efficiency. The statistics bearing on this point are quite conclusive. Thus, in 15,500 discharges, there were 388 for disqualifications due to age, and 209 for natural feebleness of constitution, both of which are recognized without difficulty.

SOURCE

Roberts Bartolow, "Sanitary Memoirs of the War," in Contributions Relating to the Causation and Prevention of Disease, and to Camp Diseases, ed. Austin Flint. New York: Hurd and Houghton, 1867.

NOSTALGIA

AS A DISEASE OF FIELD SERVICE

A PAPER READ BEFORE THE MEDICAL SOCIETY OF THE 2ND DIVISION,
PD CORPS, ARMY OF POTOMAC, FEBRUARY 10TH, 1864

BY J. THEODORE CALHOUN, M.D.

Assistant Surgeon of the U.S. Army and Surgeon-in-Chief 2nd Division, 3rd Corps.

[Published by the Medical and Surgical Reporter by request of the Society.]

Home sickness, or; as it is it is more professionally termed Nostalgia, (from two Greek words, a return home, and pain,) is a disease, or a complication of diseases, to which soldiers are peculiarly subject. I propose in this paper to consider the disease, not as soldiers generally, but those serving in the field, exclusively.

It is not to be wondered at, that numerous cases of Nostalgia should occur in our armies, when we reflect how its regiments were raised. At the commencement of the war everyone was of the opinion that it would be of short duration, (a delusion which, judging from the tone of the Northern press, too many are yet cherishing.) Regiments were formed in a day or a week. Many impelled by the noblest of motives, left their daily avocations without a thought for the future. Fathers left their families, husbands their wives, young men their heart's idols, and, enlisting under the old banner, were soon at the seat of war. But the rough fare, the hard knocks of a soldier's life, will dispel an enthusiasm, although incited by the best of motives.

Soon came a yearning to go home, the time they had expected to have been absent had gone by, their business was suffering, their families wanted them at home, they longed again for the luxuries to which they had been accustomed, a good bed, a cheerful fireside and the delicacies of the table.

And now, as our armies are recruited with unwilling men, either conscripted or bought up by enormous bounties, none of them animated by the patriotism or manliness of our early volunteers, we have every cause necessary to the production of nostalgia

Ours is emphatically a letter-writing army. At all times, and amid the most varied scenes the American soldier is in correspondence with home. Whilst in the rebel lines after the battle of Chancellorsville, some of the rebels remarked to me upon the passion for letter-writing existing in our Army and instanced in proof, that they had killed not a few of our men with letters in their pockets, dated on that bloody field.

The constant correspondence with home serves to keep vividly before the imagination the home scenes and home ties. Furloughs, (except as a reward for re-enlistment) are but granted in great emergencies, and scarcely then.

Is it strange then that men have sickened, and I doubt not died, from home sickness? I remember one case that occurred on the Peninsula which was most distinctly marked. Lieut. of the — Excelsior Regiment, shortly after entering on the Peninsular campaign, complained that he was sick, but could not localize his ailment at all. “He was sick and wanted to be sent home.” Every function of the several organs of the body seemed to be well performed, and I formed my opinion that it was a case of simple nostalgia, and such, upon inquiry, it proved to be. Without detailing at length the subsequent history of the case, which was that of home sickness in general, attended with the usual loss of appetite and general impairment of functions, consequent on the mental disorder—it is sufficient to say that, every other means failing, he was at last sent home, from whence he tendered his resignation. There was no doubt but that he would have died, had he remained in camp.

But I fancy that pure uncomplicated cases of nostalgia, requiring treatment, are seldom met with in the field. It is more frequently a complication or a cause of other disease. The very existence of nostalgia, presupposes a state of mental depression, extremely favorable to the contraction of disease. The typho-malarial fever and camp diarrhoea are diseases asthenic [a tall, thin physical type with a disposition to weakness] in their character, and always characterized by marked depression of all the vital functions. The state of mental depression, that is co-existent with nostalgia, acts as predisposing cause of these diseases, or as I have frequently found, is co-existent with them. Sometimes the nostalgia is, on the contrary, produced by other diseases. The patient becomes disgusted with his condition, and sighs for the comforts of home, until his yearning for home scenes becomes morbid. But be the nostalgia the cause, or the result of diarrhoea, dysentery or typhoid fever, it is in either event a complication to be dreaded as one of the most serious that could befall the patient.

It has been long known that with certain nationalities, nostalgia is more than usually prevalent. The Swiss, the inhabitants of Savoy, and the Laplanders are prominent examples. It has been my experience, that troops from rural districts – farmers- are much more susceptible than those from cities, or who are merchants or mechanics.

It is a matter of common remark in this army that troops from the country, have a much larger percentage of deaths, than those recruited in the cities. It is my belief that in very many cases to the peculiar susceptibility to nostalgia of those from the rural districts, is the fact to be attributed. Why they should be more liable to get homesick, is perhaps due to the fact, a country boy is more at home, has less temptation to leave it, and thinks more of it and its influence than he who in the city spends his days in the workshop or counting room, and his nights at the thousand and one places of amusement a city affords. Again, a city bred boy gets his meals at the restaurant or the boarding house—if not all of them, generally one of them, (dinner). In the country, on the contrary, the boy lives at home, and seldom takes his meals at other than the family table. The result in that the soldier from the city cares not where he is, or where he eats, while his country cousin, pines for the old homestead and his fathers groaning board.

Now let me give a few examples to bear out the view just taken. The THIRD EXCELSIOR REGIMENT of this division, composed mostly, of troops from Western New York, while in camp in Lower Maryland, lost quite a number of men from a low form of fever, while the other regiments, immediately surrounding, had a comparative immunity from sickness. The cause of this could not

be the camp site, its police, or its surroundings. The men drank the same water; ate the same food as the other regiments; were much better huddled, and had an excellent commander and the best of medical officers. Home sickness, as I think, was the complication that turned the scale against life. The FOURTH EXCELSIOR, a regiment of New York City Firemen, lay close to them, and were in a much worse camp, hygienically considered, yet, I think, did not lose a man.

A more striking instance was the ONE HUNDRED AND TWENTIETH N.Y. Vols. When I took charge of the division, about one year since, they were losing men by death daily. That it was not due to local causes was proved by the fact that adjoining regiments, exposed to the same local influences lost none, and of the patients at our division hospital, with the same diseases, (typhomalarial fever and camp dysentery) those from the ONE HUNDRED AND TWENTIETH died under the same treatment that the others got well on. The regiment is from one of the river counties of New York State. Nearly all who died were farmers. Those who were lent on furlough got well, while those who remained died. But a still further proof in present. The battle of Chancellorsville cured the regiment, and it has since, enjoyed as good health as any in the division.

This leads me to the remark, that Battle is to be considered the great curative agent nostalgia in the field. The ONE HUNDRED AND TWENTIETH was a new regiment, comparatively. They, without ever having been in battle, were brigaded with the veteran Excelsiors—they had no esprit-du-corps—they were home-sick. Nearly one-half of the express boxes sent to the division at Falmouth, were for that one regiment. The regiment was but a regiment in name—its thoughts were all at home, while its members were here.

At Chancellorsville they fought nobly—they won a name—they had something to be proud of—they gained an esprit-du-corps—their thoughts were turned from home, and they felt they were men and soldiers; peers of the veterans with whom they associated; and from that day to this, there has been but little or no sickness, and but two or three deaths.

Nostalgia is an affection of the mind. It must be treated with that view. Any influence that will tend to render the patient more manly, will exercise a curative power. In boarding schools, as perhaps many of us will remember, ridicule is wholly relied upon, and will often be found effective in the camp. Unless the disease affects a number of the same organization, as in the case narrated above, the patient can often be laughed out of it by his comrades, or reasoned out of it by appeals to his manhood; but of all potent agents, an active campaign, with its attendant marches, and more particularly its battles, is the best curative.

When men have passed through the baptism of fire together, they feel that they have something in common. They have a common name, a common fame, and a common interest which diverts their thoughts away from home.

What effect has a furlough system upon the cause and cure of nostalgia? I believe it is for good.

Take into consideration the manner in which our volunteer armies were raised—that few, if any, of our citizen soldiery, expected to be away from home a year, and it can be understood what an incentive there was for men to wish to go home. Few of our commanders looked it a furlough system from a hygienic stand point.

When General Hooker took command of the army, after it had been well nigh demoralized, (principally through the teaching of the northern press which had studiously inculcated a distrust of the abilities of its commander) he at once adopted a furlough system in which furloughs were granted as rewards. It was a fine stroke of policy, and, added to his order, granting supplies of vegetables, his well fed army, with the hope of a furlough as a reward for good conduct, in an incredibly short space of time recovered its lost morale. I believe Hooker's furlough system to have been a grand hygienic measure. Let a man know that by good conduct he will sooner or later become entitled to a furlough, and he won't be home-sick; neither will he have the incentive to desert.

The prospect of a furlough makes men fight better. In the rebel army a man who is wounded receives a furlough. When at Banks' Ford, after Chancellorsville, I heard several of Wilcox's Alabama Brigade lamenting their ill luck at not getting wounded, as they so wanted to get home again; and we have all of us seen the countenances of wounded officers in our army light up at the prospect of "20 days."

Furloughs are now granted to 20 per cent. of those sick in general hospital. The military policy of such a system we have no business to consider, and the hygienic effect upon general hospital patients need not here be discussed; but while advocating a furlough system as a hygienic measure in the field, I am of the opinion that the morale of troops in the field is rather injured than otherwise, by the privilege patients in hospital enjoy. Bad men mangle to get sent to hospital that they may obtain furloughs, while good men, too good soldiers to be guilty of this crime, get home-sick in reading letters from their less scrupulous comrades at home.

But when nostalgic patients in the field cannot be granted furloughs—cannot be laughed out of it, and there is no campaign in progress, they should be kept at work. Idleness is a provocative of home sickness. Let the patient be hard at work all day, and he will have a relish for his rations, and will sleep soundly at night, having little time to think of home. If his nostalgia is co-existent with some other disease, use every endeavor to keep him cheerful, and divert his thoughts from home; but if he is suffering from chronic dysentery, or typho-malarial fever, or is inclined to phthisis, and he becomes decidedly nostalgic, be extremely guarded in your prognosis. The patient will very probably die.

SOURCE

Source: J. Theodore Calhoun, "Nostalgia, As a Disease of Field Service. A Paper read before the Medical Society of the 2nd Division, 3rd Corps, Army of Potomac, February 10th, 1864," in Medical and Surgical Reporter Vol. 11 (February 27, 1864), 130-32.

CASES II AND III
DOMESTIC
SUMMARY

Injuries of the Nervous Centres from Explosion of Shells, without Wound or Contusion.—Dr. Geo. Burr, Professor of Anatomy in Geneva Medical College, reports (New York Med. Journ., Sept. 1865) the two following interesting cases:

CASE II

Adjutant G., of the --th regiment N. Y. S. Volunteers, experienced ... shell bursting near him. He rode to where I had established a temporary field hospital, and, although retaining his seat in the saddle, he was in a great measure helpless. I assisted him to dismount, and to a place where he could lie down. He appeared stunned and bewildered, unsteady in his movements, and half unconscious of his whereabouts. The fire of the enemy, after a while, made it necessary for us to remove from the place we were occupying, when I placed Adjutant G. upon his horse, and he rode to the rear. I have never seen him since. I subsequently learned that he made his way to the James River, and, without obtaining leave of absence, went on board a transport, and left for his home in this State. In due time his absence was noticed, and he was directed to return to his regiment; but no considerations could induce him to do so. He disregarded all his obligations as an officer, forfeited a well-earned reputation, and was finally dismissed the service, for continued absence without leave.

CASE III

The following account has been kindly furnished me, at my request, by Captain M. B. Robbins, 109th regiment N. Y. Volunteers. The detail of the symptoms, and the abnormal sensations which he describes, will readily be recognized as conning from injury of the nerves.

“I was injured about 3 o'clock P. M., June 2d, 1864, at or near Bethsaida Church, Virginia, by the explosion of a 3 ½ inch shell, five or ten feet above my head. We were supporting a battery in third line of battle. I was lying partly on my face, partly on my right side; was carried to the rear insensible, where I remained until 8 A.M., June 3d, when I awoke, as I supposed, from a good night's rest. I saw several persons near me: their lips moving. I could hear nothing. Attempted to rise; found myself helpless; when I experienced a pricking sensation in my right leg and arm, severe pain between the shoulders and through the upper part of the lungs. I saw a member of my regiment at a distance; tried to speak; did so with great difficulty; a soldier called to him for me; he came to my assistance, and had me taken to the field hospital, where I remained until the 6th; then was sent to the White House [a hospital camp]: from thence to Annapolis, Md.; remained there until July 15th, when I rejoined my command and was granted leave of absence. After my arrival home my general health commenced failing. August 13th.--My leg and back (spine) were in as poor a condition as at any time since my injury. Since this time I have been gradually improving. For three months or more I had a severe pain on the left side of my head—a spot as large as a dime—like the driving of a nail into the head. I feel this at times yet, when tired or excited. At the present time (Jan. 7, 1865) the muscles of the leg, above the knee (front), are tender and sore; also

those below the knee. When walking, I am unable to bend the knee naturally, and feel a cutting sensation through the calf of the leg. I have sharp, darting pains through the upper part of the chest. My appetite has been excellent most of the time, and digestion good; however, it has seemed to do me but little good. My system is very weak; the least exposure to the cold or wet confines me to my room.

“In neither of the preceding cases was there wound or contusion. The violence affecting the nervous centres operated through the medium of the atmosphere at a greater or less distance.”

In regard to Case II. Dr. B. remarks, “It presents some peculiarities upon which I wish to comment; and the point is, the complete change which the explosion produced in the moral and affective faculties of the man. He had acquitted himself creditably in the battles of the first Bull Run, West Point, and Gaines’ Mill--had risen from the ranks to a lieutenancy, and had been appointed adjutant of his regiment; and no stain of cowardice or other unofficer-like conduct was upon his record down to the time of his receiving the injury. His subsequent course indicates a complete perversion of the character he had formerly borne—a change not only equal to, but strongly resembling what is seen in cases of derangement from ordinary causes; and one inducing movements as uncontrollable, and as much beyond his power to restrain, as were the muscles of the palsied limbs in the other cases beyond the power of volition to excite them.

“The exigencies of the service, without doubt, required that the place of this officer should be supplied with another; but I am far from believing him culpable in the highest degree for his refusal to return to duty. That his mind was not in a sound condition is by no means improbable; on the contrary, the sudden transformation of the man, the subsequent total disregard of consequences, and of every consideration affecting his reputation which he exhibited, closely simulates well recognized irresponsible conditions of the human intellect.”

SOURCE

Cases II and III, “Domestic Summary,” The American Journal of the Medical Sciences, Vol. 50 (July 1865) 564-65.

CASE

PRIVATE DEWITT

D. R. CO. C. 68TH PA

Case of Private Dewitt, C. R., Co. C, 68th Penna., evidently a man of considerable intelligence, was admitted into Turner's Lane Hospital in April, 1864. The first glance at the man aroused our suspicion, and we examined his military history. After serving with the three months volunteers, and a subsequent commission as adjutant, in July, 1862, he enlisted as orderly sergeant in his present company. From some trouble with the colonel, as we learned privately from some others of his regiment, who also confirmed our suspicions as to his character, he had been reduced to the ranks, and in the sixteen months after, had never done a day's duty. He asserted it was under the operation of a general order as to absentees.

He stated that after being in hospital for diarrhoea, from Dec., '62 till June, '63, at his own request he was returned to duty. While on his way to the front, at the convalescent camp, he was sitting at noon in front of his quarters, after having superintended a squad of labourers, when suddenly he felt an "oppression in the head and fell unconscious." When he awoke, towards night, in the camp hospital, he had full use of his left side, but the entire right side was paralyzed. Sensation and motion had been lost in the right face, body, and arm entirely, and in his right leg partially, and he was unable to talk. At another time he stated that his right leg was not at all affected, and on our expressing surprise, evidently thinking it ought to have been so, he suddenly remembered that it had been almost entirely useless. His bladder too, too, he first stated to have been unaffected; but on using the same tactics, we found that he had had incontinence. By a curious physiological contradiction too, he stated that when his face was first paralyzed, his tongue and face had been drawn to the right.

Feeling and motion had gradually returned in all the parts affected, save that on admission his right arm was still weak, his right face was said to have lost sensation wholly, and motion partially. He limited the loss of motion mostly to the frontalis, levator palpebrae superioris, and tongue.

We began our examination by a course of facial gymnastics. He could shut both eyes well; could open the left widely and thus elevate the eyebrow; but by no effort could he thus move the right eyelid and eyebrow. We ordered him to open one eye and close the other, and vice versa, when to our amusement, his mind being distracted by the double movement, his right eyelid and brow moved once or twice with the most perfect ease. Next his tongue was examined. He inclined it also to the right, the reverse precisely of what it should be, for, in cerebral palsy implicating the 7th nerve of the same side, the body of the tongue (like the face) is usually drawn towards the sound side. Thinking, however that, as in the case of his frontalis, we could trap him, we told him to protrude the tongue, on the plea of examining his palate. He first protruded it perfectly straight then remembering that it ought to be paralyzed and crooked, he suddenly threw it to the right. Every other movement he possessed perfectly, and his pronunciation of the linguals, gutturals and labials was perfect.

The next point was the sensibility of the skin. He first had his eyes closed, and on touching him with a pencil, he stated he felt nothing. We then suddenly thrust a needle into his face, when he also declared the absence of feeling, and he certainly did not wince. We now tried dry galvanism with Duchenne's powerful battery, powdering his face with flour, and applying the electric brush. The moment the current was established, he slid uneasily forwards in the chair till he could furtively seize the seat and brace himself, by his hands and feet, to bear the pain. By these means, and by secretly grinding his teeth, a movement betrayed by the tell-tale masseters and temporal, he bore the severe pain which bedewed his face with perspiration, and declared, with amusing nonchalance, that "he could just feel it a little."

His body, he stated, was perfectly free from disease, but we thought we would work a little on his imagination, and proceed to examine for spinal tenderness, remarking casually that we thought it an instance we should probably find "that tender spot about the middle of spine, which we had so frequently found in such cases." He was completely deceived by the allusion, and on our reaching the middle of the spine, he suddenly quaked and shrank from the pressure, saying it was very tender there. Pressure being continued, and allusion made to a patient who had fainted on being pressed at the spot, immediate syncope was threatened, and was only prevented by his breaking away from us with a look of agony. He speedily returned to duty, with a note on his descriptive list.

SOURCE

William W. Keen, S. Weir Mitchell, and George R. Morehouse "On Malingering, especially in regard to Simulation of Diseases of the Nervous System." In The American Journal of the Medical Sciences, Volume 48 (October 1864).

NOSTALGIA

The moral causes affecting the physical stamina of the soldier include cowardice, weakness of will, nostalgia, and malingering. The first two cannot be expressed numerically. There are no data for estimating their precise importance. Cowardice usually finds an expression in malingering, weakness of will, and nostalgia, but the immediate relation is not frequently demonstrable.

In the first two years of the war, there were reported 2588 cases of nostalgia, and 13 deaths from this cause. These numbers scarcely express the full extent to which nostalgia influenced the sickness and mortality of the army. To the depressing influence of home-sickness must be attributed the fatal result in many cases which might otherwise have terminated favorably. By the same cause may we ascribe a predisposition to have been produced favoring the reception and development of various morbid agents. Again, it is difficult to define the precise action of nostalgia, and to separate the morbid phenomena produced by it from those of an analogous character, produced by wholly different causes. In my opinion, it more probably existed as a complicating element in various morbid states than as a substantive disease. Viewed in this light, the foregoing figures would very inadequately represent the importance of nostalgia as influencing the stamina of the soldier.

The term nostalgia is derived from two Greek words, signifying, in our vernacular, home-sickness. The derivation of the word indicates the pathology. It is a mental disorder, and belongs to the class melancholia. Certain physical symptoms precede, accompany, or follow the development of the mental aberration: heat of head; increased rapidity of the circulation; constipation; gastro-intestinal disorders of various kinds; a low febrile state simulating typhoid. The mental despondency and the exaltation of the imaginative faculty increase with the decline in the physical strength. Weeping, sighing, groaning, and a constant yearning for home ; hallucinations and sometimes maniacal delirium, are the particular forms in which the disorder of the brain expresses itself.

Does the mental state precede the development of the physical symptoms? Is this sufficient of itself to produce that train of gastro-intestinal disorders and febrile phenomena which characterize the progress of the case? My own experience leads me to the conclusion that derangement of the health, particularly of the primary assimilation, leads to the disorders of intellect, and that in those cases in which the affection of the mind precedes the physical disorders, there is much reason to suspect, a predisposition to mental derangement to have existed.

These questions are not without interest in view of the causes and degree of prevalence of nostalgia during the war.

The primal cause is, undoubtedly, absence from home in new and strange surroundings. Various authors have affected to discover a cause in the character of the new country. Thus it is said that the inhabitants of mountainous districts are more prone to homesickness than the denizen of the plain. The experience of the war hardly confirms this view of the influence of external nature. Both in the first and second year of the war, the number of reported cases were in a precise ratio to the number of troops employed. There was no difference, as far as the statistics show, between the troops on the Atlantic coast and those in the interior region as to the prevalence of nostalgia. Hence it may be assumed that the face of the country in which the troops operated had no influence in the production of this disease.

The cases which occurred under my observation were derived from two classes: young men of feeble will, highly developed imaginative faculties, and strong sexual desires; married men, for the first time absent from their families. The monotony of winter camps favored the development of the peculiar mental and physical effects of nostalgia, whilst active campaigning prevented their occurrence. Having too often no physical nor mental occupation, the minds of these unfortunates reverted homeward. They fell into reverie, and allowed their imaginations to run riot amid the images of home conjured up. Then followed melancholia, hallucinations, and physical phenomena due to disorder of the nervous system, such as borborygmi [intestinal noise], constipation, indigestion, irregular action of the heart, disturbed sleep, etc. This interdependence of the morbid physical state upon the mental was rather exceptional. Some derangement of the health in the main, preceded the mental phenomena. According to my observation, deranged sexual functions were more frequently precedent to the mental changes than any other single physical condition. Masturbation and spermatorrhoea produced a mental state more favorable to nostalgia than any other cause. This relation may not be expressed numerically, but if the history of the 2588 cases could be arrived at, the intimacy of the relation existing would be surprising.

Only 13 deaths in 2588 cases! This result might well cause us to question the accuracy of the diagnosis. Of all diseases, nostalgia is undoubtedly the most fatal ; none are less amenable to treatment. A cure can only be wrought by sending the patient to his home. As this was not frequently possible during the war, it may be concluded that many cases reported as nostalgia were not really so, and that many fatal cases were reported under other names, probably as common continued fever. But this view is necessarily of limited scope. I have already remarked that, as a substantive disease, nostalgia was not common, but, as a complicating element in other diseases, very common.

A rational man in a good state of health may bear up pretty well under ordinary home-sickness, but when his reason is weakened by disease, and his imagination excited by the monotony of the sick-bed, then it is that he becomes a prey to the hallucinations of nostalgia. Consequently it was in the general hospitals that this disease was most frequently observed as a complication of other maladies, and not as a substantive disease. In these cases the precise importance of it in determining a given result could not be estimated. The melancholy and mental depression associated with it must have favored the progress and increased the severity of various diseases. Nostalgia may be considered also in the light of an element in that composite morbid state alluded to in the preceding section, united in many cases with malaria, scorbutus, the effects of crowd-poisoning, etc.

The most important of the moral causes affecting the physical endurance of the soldier, are those which may be comprehended in the group – Feigned Diseases. Our army furnished these cases on a stupendous scale. As this part of my subject will not be discussed elsewhere in these volumes, it is proper that it should be treated of here, at a length corresponding to its importance.

To judge of the prevalence of malingering in our army, we must first understand the particular forms which the feigned maladies assumed. To study them intelligently we must arrange them in classes and orders.

The authors of the article on Feigned Diseases in the “Cyclopaedia of Practical Medicine” have proposed some distinctions between the several groups :

- 1. Feigned, strictly so called, or those which are altogether fictitious;*
 - 2. Exaggerated diseases, or those which, existing in some degree or form, are pretended by the patient to exist in a greater degree or in a different form;*
 - 3. Factitious diseases, or those which are wholly produced by the patient, or with his concurrence;*
 - 4. Aggravated diseases, or those which, originating in the first instance without the patient’s concurrence, are intentionally increased by artificial means.*
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These terms are based upon well-marked distinctions, and are so useful that we shall employ them in the same sense. It is obvious, however, that it would be impracticable to make them the basis of a classification. In the article in the Cyclopaedia, no attempt is made to arrange feigned diseases in classes according to their affinities, but they are discussed simply in alphabetical order. In [Hector] Gavin’s prize essay [On Feigned or Factitious Diseases, 1843], a very artificial arrangement is adopted, founded upon the symptoms referable to the feelings of the patient, and to those cognizable by the senses or acquired information of the physician, and on the means of diagnosis. Mr. Marshall [On Enlisting and Discharging Soldiers], treats of feigned and real disabilities together. [George] Ballingall [Outlines of Military Surgery, 1855] treats of them according to the region of the body in which they occur. So also Dr. Cheyne [Dublin Hospital Reports, 1827] in his very admirable letter to Dr. Renny. The authors of the article on Malingering in the “American Journal of the Medical Sciences” for October, 1864, discuss the several forms of feigned diseases that came under their observation without any systematic arrangement ...

The causes of Malingering may be referred to either the mental and moral characteristics of the soldier, or to some accident of service. The first will, necessarily, include the influence of race, temperament, moral and intellectual training, etc.

There are no data for expressing numerically the influence of race, and hence we resort to the opinions based upon pretty extensive personal observations. As our army, during the late war, was constituted mainly of Americans, Germans, and Irish, the comparison is restricted to these three nationalities.

My own opinion is, decidedly, that the Germans were more given to malingering than the Americans and Irish. A larger proportion of them were mercenary soldiers attracted into the service by advance pay and bounty. They love ease, and the simple enjoyments to which they are accustomed at home, and have but little aptitude for military service. They do not have the physical endurance of Americans or Irish, and are not possessed of the same degree of mental resiliency. They were much given to feign chronic rheumatic disease, affections of the urinary passages, and diarrhoea.

The Irish soldiers in the English service, according to Marshall (Op.cit.), are much addicted to

malingering, and the poorer class of laborers are the worst in this respect. It has seemed to me that the Irish were less given to malingering than the Americans, but this opinion is not supported by any statistical evidence. They have, as a class, great hardihood, fondness for adventure, buoyancy of spirits, and a natural aptitude for military life and training. A large number entered our service as purely mercenary soldiers, and hence were not indisposed to avail themselves of all the indulgences to be procured by sick men. The class of Irish laborers, especially, objected to fatigue duties, and would mangle to avoid them, when they would not think of doing so to avoid active and even dangerous military duty. "Sun-stroke" and pain in the back, were probably more frequently feigned than any other maladies by the Irish.

The Americans, being vastly in the majority in our army, furnished the largest number of feigned cases; but it is not true that they were in relative proportion the larger, except it may be by comparison with the Irish. The Americans were not to so large an extent mercenary soldiers. Indeed, a considerable percentage entered the service from motives of duty only. Nevertheless, advanced pay and bounty were not without influence upon large numbers who entered service neither in consequence of patriotic zeal nor fondness for military life. In the beginning of the war, the wide-spread enthusiasm forced many into the army who were every way disinclined and unfitted for it. At the same period discharges on surgeon's certificate being given in most reckless profusion, all who were disposed to feign the most simple ailment found no difficulty in quitting the service. Many of this class enlisted again and again, to be discharged on some fictitious disease. When the professional "bounty-jumper" found his occupation too hazardous, he became a malingerer. The Americans who feigned disease consisted chiefly of married men separated from their families and homes for the first time. The particular forms which the feigned diseases of Americans assumed were affections of the respiratory organs, diarrhoea, dyspepsia, heart-disease, etc.

The influence of moral and intellectual training was strikingly exhibited. It was not common to see a well-educated man amongst the malingerers. There were, however, occasional cases. One of the most expert malingerers that came under my observation was a Michigan school-teacher. Generally, the men who feign disease belong to the lower orders, to the class of common laborers, and are ignorant and uneducated. In this view, I exclude, of course, the "bounty-jumpers" and malingerers by profession, who added to their evil tendencies the skill acquired by education. The disposition to mangle did not come of the associations of the camp, but was the natural direction of an originally bad character. As a general rule, it may be affirmed that men will feign disease in the army who are guilty of similar deceptions in civil pursuits.

So far as temperament is an expression of innate moral and intellectual qualities, it influences the conduct of men. During the war, the practice of malingering seemed associated with the bilious and nervous temperaments, whilst the sanguine was comparatively exempt. The typical malingerer has dark-brown or hazel eyes, dark hair and dark complexion; his face is stealthy, dogged, lowering; his eyes suspicious, furtive, restless; and his manner habitually constrained.

If a man have the mental and moral characteristics for feigning, slight causes suffice to develop them in some practical direction.

A variety of other causes may be enumerated as producing malingering. A considerable number of men, not inherently vicious, but who were merely lazy and spiritless, feigned disease to avoid the fatigues and hardships of the service. Cowardice was a not uncommon cause. On the field of battle, a number escaped to the rear with feigned or fictitious injuries. Personal difficulties with their comrades, punishments, capricious conduct of their officers influenced many; and pique, disappointment as to promotion influenced others. The most powerful of all causes affecting those not disposed to malingering in consequence of deficient moral sense, was the influence of wives and relations. To the reception of a piteous or complaining letter from home could often be traced the commencement of the deception. The readiness with which discharges were obtained during the first three years of the war, and the numerous successful instances of imposture contributed to the prevalence of malingering by suggesting the idea to those who had not previously conceived it, and by encouraging those whose timidity, rather than want of inclination, prevented engaging in a course of deception. Beside, such defects in military organization and such disregard of military law, as permitted or could not check the wholesale depletion of the ranks of the army by discharges on surgeon's certificate, disgusted those who would otherwise have been willing to bear for the sake of the cause all needful hardships.

The organization of general hospitals in the several States for the reception of the soldiers of the State was an ill-advised measure, which greatly contributed to the production of malingerers. Large numbers feigned disease to be sent to the hospital nearest their homes.

But from whatever cause the disposition to malingering arose, the success of the attempt depended much upon the skill and firmness of the regimental and medical officers, and upon the degree of discipline. When a malingeringer once succeeded in passing beyond the control and observation of those who knew him, his subsequent operations were much less difficult. Unfortunately, the medical officers of the regiment and the enlisted men were frequently neighbors and associates before the war, and hence the same control could not be exercised as if they had been strangers to each other. In the regiment all cases of malingering should be confronted and disposed of.

There are no statistics showing the extent to which feigning disease was carried in our army. This may be approximated to by an analysis of the discharges on surgeon's certificate. The data upon which my conclusions are based, were derived from an examination of fifteen thousand certificates on file in the Adjutant-General's Office, Washington, and from Circular No. 6, Surgeon-General's Office.

SOURCE

Roberts Bartholow, "The Various Influences Affecting the Physical Endurance, the Power of Resisting Disease. Etc., of the Men composing the Volunteer Armies of the United States," in Contributions Relating to the Causation and Prevention of Disease, and to Camp Diseases; Together with A Report of the Diseases, Etc., Among the Prisoners At Andersonville, Ga. (New York: Hurd and Houghton, 1867), 20-27.