



**Larry M. Logue, Peter Blanck.** *Heavy Laden: Union Veterans, Psychological Illness, and Suicide.* Cambridge Disability Law and Policy Series. Cambridge: Cambridge University Press, 2018. 278 pp. \$110.00, cloth, ISBN 978-1-107-13349-5.

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Since Eric Dean published *Shook over Hell: Post-traumatic Stress, Vietnam, and the Civil War* (1997), historians of Civil War veterans have wrestled with the question of how to evaluate the conflict's psychological effects on the men who fought and survived. Presented with tantalizing evidence in personal correspondence, family reminiscences, and legal and medical records, scholars are separated from their subjects by more than a century. Moreover, the gulf between modern and Victorian terminologies, values, and assumptions render it difficult to determine the usefulness of attributing veterans' postwar difficulties to conditions like Post-traumatic stress disorder (PTSD), which has only been identified as a medical condition since the 1960s and 1970s (although earlier generations of physicians had used different terms for similar symptoms). In recent years, scholarship on Civil War veterans has sparked a debate about the extent to which the "dark turn" represents an accurate accounting of the postwar lives of most veterans.

Larry M. Logue and Peter Blanck have provided a straightforward and extremely useful book that lays out a common sense and productive approach to the problem of what they call "the delayed human cost of the Civil War's psychological traumas" (p. 6). They lead off with a thorough, if

brisk, summary of the recent surge in studies of Civil War veterans. Logue and Blanck then methodically use the evidence from the unusually complete Massachusetts death records and the military and pension records of nearly forty thousand Union veterans embedded in the Early Indicators of Later Work Levels, Disease, and Death database at the University of Chicago to test theories and established procedures for quantifying suicide rates in peacetime and in wartime. The benchmarks they establish for mental health reveal that veterans did, indeed, have higher rates of suicide—perhaps double the rate—than their civilian counterparts. The authors quite reasonably suggest that suicide among veterans was the "miner's canary" that indicated deep and widespread psychological issues (pp. 106-7).

The next few chapters explore the causes of mental illness among veterans, as well as the limitations of contemporary evidence in assessing the psychological effects of war. Nineteenth-century physicians and asylum managers often blamed mental illness on intemperance, even as they chronicled economic distress, personal tragedies, and physical infirmities. Qualitative evidence suggests that psychological problems were seriously underreported among veterans (and civilians, for that matter). One can hardly blame Gilded Age

practitioners, nor, indeed, their patients. “Lacking a popular vocabulary of war-induced psychosis, finding no inclination by asylum officials to modify established wisdom, and facing distrustful pension officials, veterans had little incentive in the early postwar years to share distinctive mental traumas” (p. 104).

African American veterans are featured in chapter 6. Contemporary attitudes were mixed; sympathetic observers predicted—and believed—that black veterans would be less likely to suffer from mental illness, while southern white asylum managers argued that emancipation had unleashed an epidemic of insanity among the freed-people. Black veterans received (and applied for) fewer pensions and rarely ended up in soldiers’ homes, and even those who did apply for pensions claimed mental illness at lower rates. Moreover, they seem to have committed suicide at a significantly lower rate than their white counterparts.

Chapter 7 is really the crux of the book. The authors ask whether historians can fairly or usefully employ the idea of PTSD and other mental traumas—as they are understood in modern medicine—to men who died five or six generations ago. Contemporary physicians were not looking for PTSD, of course, and different world-views, notions of spirituality, and attitudes about masculinity caused symptoms of psychological trauma to be perceived differently. However—and this is an important and creative way to think about the issue—Civil War era doctors came close to capturing modern attitudes about mental trauma in their study of survivors of the Andersonville prison camp in Georgia, who were twice as likely as other veterans to be diagnosed with mental illness. The well-publicized brutality of that camp, which led to a special status in the public eye of men who had experienced Andersonville in particular and prison camps in general, made it easier for Americans to believe that there were traumas that could actually drive men into men-

tal illness in a way that simple combat, which was often framed in heroic and sacrificial terms, could not.

Although the authors’ purpose—“to underscore the diversity of veterans’ life course, and to find benchmarks for a broader comprehension of their experience”—is admirable, the book is sometimes plodding. The decisiveness of their conclusions and most of their eloquence appear in the last couple of chapters. Responding to critics of the “dark turn,” they write that “we are bringing veterans’ untold sacrifices to light. Exploring some veterans’ darkest miseries does not diminish the importance of others who unobtrusively lived their lives or achieved postwar distinction” (p. 220). One is tempted to suggest that a long article could have laid out the statistical evidence more efficiently than this short book does, while retaining the crucial arguments and truly moving passages of the concluding chapters.

Having said that, this remains an excellent piece of scholarship that makes a distinct contribution to the emerging and sometimes fraught scholarship on Civil War veterans. The authors’ conclusion is that Civil War “veterans were laden with a distinctive burden in the late nineteenth century,” and the reasoned way in which they arrive at that conclusion has given historians a theoretical and practical basis for discussing trauma and Civil War veterans (pp. 214-15). Readers will appreciate the common sense approach and the effective use of qualitative evidence to leaven the quantitative evidence at the center of their argument, as well as the authors’ simple statement that it is not particularly important whether or not we can establish that Civil War veterans actually experienced PTSD, as long as we understand that their service sometimes affected their minds for the rest of their lives.

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