**Invisible Wounds: Mental Illness and Civil War Soldiers** is a survey of how soldiers of the American Civil War endured the conflict and its aftermath. Dillon J. Carroll focuses on soldiers’ experiences, particularly those who “paid some kind of psychological toll” for their military service and those tasked with treating them (p. 2). To accomplish this, he draws primarily on soldiers’ letters, diaries, and memoirs, as well as pension and medical records, especially from St. Elizabeth’s Hospital and what was once the Western State Lunatic Asylum. He brands the book appropriately as a “hybrid study: part history of medicine, part social history, and part military and institutional history.” In eleven chapters, he covers a range of topics from battlefield experience to postwar social reintegration. His central argument is a loose one, that “Civil War soldiers could be emotionally and psychologically affected by their combat experiences ... [but] were not as psychologically traumatized as some historians believe” (p. 5). This framework has the benefit of allowing Carroll to maneuver and explore a variety of related ideas, but it may frustrate readers who feel that he offers more of an exploration than an analysis.

The first four chapters of *Invisible Wounds* provide an overview of the quotidian experience of soldiering and managing psychological distress. Chapter 1 deals with Union and Confederate soldiers, chapter 2 more specifically with Black soldiers, chapter 3 with mental health professionals, and chapter 4 with coping mechanisms. The next four chapters examine the difficulties of reintegrating veterans into postwar society, covered broadly in chapter 5, but focus especially on those struggling with psychological trauma. Chapter 6 looks at the suffering of men admitted to St. Elizabeth’s Hospital, chapter 7 at the postwar lives of Black veterans, chapter 8 at Confederate men, and chapter 9 at the lives of mothers, wives, and children of the men who came home forever changed by the war. The final two chapters consider the contest between old and emerging ideas about mental health that played out in the years following the Civil War.

Carroll’s book has several undeniable strengths. It is well written and provides rich descriptions of the lived experiences of Civil War soldiers. It serves as an excellent overview of the issues that plagued combatants of wars of both the nineteenth and twentieth centuries. There are,
however, a couple of issues with the work that, without invalidating it (indeed, there is much to appreciate here), do limit its utility for audiences knowledgeable about the intersecting histories of veterans, disability, and medicine. Historians of race will be disappointed.

In the introduction, Carroll acknowledges the words of Sarah Handley-Cousins, who warned that “mental disabilities can only be understood within their time- and culture-specific context” (p. 4).[1] Yet, when comparing postbellum trauma with posttraumatic stress disorder (PTSD), he treads dangerously close to, and at times crosses, the line into retrospective diagnosis.[2] Initially, he is careful to avoid falling into this trap, and he uses modern medical knowledge productively to interrogate the nineteenth-century experience. As the book proceeds, however, he elides the important distinction between instances of historical and present-day trauma, writing that “Civil War veterans ... may or may not have had PTSD or something like it,” that one man’s war experience “had left him a broken man suffering with PTSD, or something like it,” and that, based on the “textbook symptoms of PTSD,” “it is very possible that Schively indeed suffered from this disorder” (pp. 112, 210, 233). Carroll would have remained on firmer analytical ground had he relegated himself to discussing “psychological trauma” rather than forcing a direct comparison between PTSD and the mental and emotional distress of Civil War veterans. Such shorthand, methodologically problematic, is distracting and unnecessary. Carroll certainly makes the case that soldiers suffered psychologically as a result of the war well enough without it.

The second analytical shortcoming of the book is a result of the sources Carroll selected. While his source base is invaluable for shedding light on the lived experience of soldiers, it is too narrow and is stretched too thin over what is a quite large topic. The result is that, where knowledgeable readers anticipate conclusions and supporting evidence, they find suppositions and anecdote. The author frequently uses quantitative phrases like “many” and “often” to turn anecdote into analysis, but there is no quantitative evidence to bridge the gap. Examples include when he writes that “many other psychologically damaged veterans came home and developed extreme paranoia” or when he claims that “the households of mentally ill Civil War veterans were particularly susceptible to [the] terror” of domestic violence (pp. 36, 194). It is possible that such claims are rooted in familiarity with the larger historiography on veteran reintegration and mental health, but the author does not cite secondary source literature to boost his claims. Indeed, there is a marked paucity of historiographical engagement, especially considering the breadth and depth of available scholarship. A statement that “insanity ... carried with it a stigma of shame and a blight on manliness” has no evidentiary basis in the text and can only be justified by citing the work of historians of medicine and gender, yet no citation follows (p. 103).

In the final analysis, Carroll’s book is engaging and evocative and its focus on experience adds new richness to our understanding of war and trauma. At the same time, it is a bit overambitious; he has tried to do more and say more than his sources and training allow. Attempts to engage in gender and race analysis feel shallow and ungrounded. The anecdotal approach to discussions of Black soldiers’ experiences proves particularly problematic. The unintended but unfortunate result is that the experience of one or two men becomes universalized for an essentialized whole. Anecdote is used to support speculative claims that fighting an “unambiguous” war was what shielded Black soldiers against psychological distress and was the “principal reason” why “far fewer of them became mentally ill in the postwar years” (pp. 163-64). Critical analysis and nuance are warranted here, facilitated by engagement with scholars of race, in order to do justice to the history of these men. Carroll has not accomplished
that here, but he has provided a point of departure.

Notes


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