Felo De Se: Soldier Suicides in America’s Civil War

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ABSTRACT  Objective: This article examined the factors associated with suicide during America’s Civil War and the years immediately following the cessation of armed conflict. Methods: Contemporary newspaper reports, complemented by book and journal articles, provide an understanding of the incidence and motivations of suicide. Results: The rate of suicide in the general population dramatically increased in the years following the war’s end. During the Civil War, suicides occurred nearly every month, reliably peaking in the spring of each year. Depression and alcohol abuse were major factors associated with military suicides. Conclusion: Emotional disorders and alcohol misuse, when combined with the hardships of war, contributed to a steady rate of suicides during the Civil War.

INTRODUCTION

For the greater part of human history, only the physical injuries of war received any attention. Various types of protective armors shielded the warrior’s body, tactics attempted to minimize troop losses, and medical support tended to the physically wounded. The warrior’s emotional response to the harshness of war ostensibly permitted little more than grousing. Modern militaries now recognize that wars produce both physical and wounded. The warrior’s emotional response to the harshness of war ostensibly permitted little more than grousing. Modern militaries now recognize that wars produce both physical and emotional wounds. A healthy and fit-to-fight military adopts a comprehensive strategy to reduce both types of casualties. In some respects, preventing and managing the emotional injuries of war is more difficult. The wounds are invisible, behaviorally expressed, and often delayed in appearance. The exception to this presentation is suicide, which often leaves stunned survivors struggling to understand the motives.

The American military fighting two long, brutal wars is experiencing an increased number of suicides. In the 5-year period from 2005 to 2009, over 1,100 service members committed suicide at a rate averaging 1 death every 36 hours. The suicide rate has motivated a determined effort to understand the causes. Despite almost daily advances in the practice of modern scientific medicine, the motives for suicide remain mostly a mystery. As a recent Department of Defense task force report noted, “After decades of research, there is still much that is not understood about the causes of suicide and effective approaches to prevent it.” With that in mind, turning the pages of history backwards in time may help clinicians identify the struggles and stressors that contributed to soldier suicides in the past wars.

The current concern about military suicides and the numerous commissions and public comments it inspires, was replicated in the aftermath of America’s Civil War. Shortly after the end of war, an epidemic of suicides among mostly young male veterans alarmed the country. Concerned citizens joined forces with medical authorities, political figures, and leading newspapers of the day to explore the forces propelling the surge in suicide. Even though Civil War era statistics and psychological insights were crude by modern standards, several trends emerged from their efforts. A careful perusal of the available data, medical opinions, and case histories sheds some light on the mystery of soldier suicides from America’s Civil War and provides historical markers to inform present day management.

As early as 1870, physicians, religious leaders, insurance companies, and newspaper editorials voiced mounting concern about the rising tide of suicide. The numbers were far from precise, irregularly captured, and most likely shrouded from public view by stigma, but nascent efforts to determine the incidence of suicide confirmed a rising trend. The census data of 1870 reported 1,080 suicides among men and 285 among women. Those suicides occurred within a male population of 11,058,934 and among a female population of 11,653,332, suggesting about 100 suicides per million men and 28 per million women. The gender gap favoring women by nearly 600,000 probably reflected the lingering lethality of the Civil War. The census data of 1870 appeared to be the first nationally documented effort establishing a gender connection among victims of suicide. In reporting suicide, official instructions required census workers “distinguish the means, whether cutting the throat, drowning, shooting, poisoning, charcoal suffocation, or other.”

Massachusetts appears to be the first State to record suicides, an exercise undertaken in 1843. The data were incomplete, not even listing the victim’s gender. Connecticut soon followed the lead of Massachusetts followed by Rhode Island and Vermont. In the 5 years immediately preceding the Civil War, Massachusetts averaged 95 suicides per year. Civilian suicides during the war years from 1861 to 1865 actually declined, averaging 79 suicides a year. Five years after the Civil War, the average number of suicides started climbing again to 84 per year. The trend was clearly upward from this time forward. Ten years after the war, the average number of suicides was 126 per year, and 15 years later, the toll rose to 140 per year. Men accounted for approximately three-quarters of the suicides. A fairly even distribution, slightly favoring an...
increase with age, of suicides occurred between the ages of 20 and 60. Most suicides took place in April.

Local officials in New York City also noted the increasing number of successful suicides. Between 1865 and 1869, the city averaged 64 suicides a year. Over the next 3 years, the rate nearly doubled to 120 suicide death a year. Once again, men accounted for three-fourths of the total suicides. Poisoning was the most common method of suicide, usually with arsenic. Most victims killed themselves during the warmer months.

Felo De Se

The rapid rise in suicide that ostensibly followed the cessation of armed hostilities after the Civil War naturally invited much comment. At this time in America, two fairly distinct visions of suicide dominated the public discourse. One group viewed suicide as a moral issue deserving condemnation, whereas an emerging and more enlightened group sought scientific answers for suicide. The moral concept of suicide was expressed by the term Felo de se. Felo de se, “a felon on himself,” was defined as the act of feloniously committing self-murder. Proponents of felo de se viewed suicide as a grave moral offense deserving punishment. Like any other crime, advocates proposing punishment for suicide believed it would serve as a social deterrent for others contemplating the act. In the decades before the Civil War, English Law held that “When the deceased is found by the coroner and jury a felo-de-se, all his chattel, real and personal, are forfeited to the crown....” An unfortunate byproduct of punishing the self-murderer was the disinheriting the law visited upon the surviving family. Coroner’s juries often softened the blow by declaring the person “not of sound mind”. That verdict spared the family the pecuniary losses the law otherwise imposed.

In America, the legal concept of felo de se took some twists and turns, but remnants could be identified in life insurance policies. Even so, much of the harshness of felo de se was stripped away leaving room for scientific inquiry to fill the void. Life insurance companies were not motivated by morality but presumably used moral reasons to fortify economic decisions denying victims of suicide any policy benefits. Mid-nineteenth century life insurance companies typically inserted contractual language barring payment if the death resulted from a suicide. The outcome, with the family receiving no benefits, bore a remarkable similarity to the coroner’s verdict. Aggrieved families protested and lawsuits followed. The U.S. Supreme Court heard arguments in one of the more important disputes. In a landmark case, Mary Terry sued the Mutual Life Insurance Company after failing to receive a settlement following her husband’s suicide. The policy contained a provision that “If the said person, whose life is hereby insured ... shall die by his own hand ... this policy shall be null and void.” In reviewing the case, the U.S. Supreme Court permitted the life insurance payment if insanity contributed to the suicide.

Although punishing suicide was an option favored by a vocal minority, it was countered by a growing group of concerned citizens who focused on the presumed psychological determinants of suicide. Members of this group included doctors interested in the embryonic field of psychological medicine.

ETIOLOGY OF SUICIDE

Towards the end of the 19th century, a commonly accepted classification of suicide described two broad etiologic factors, one social and the other personal. The social factors contributing to suicide included financial reversals, troubled relationships, the pernicious impact of certain literature, and the aggravating influence of education. Personal causes of suicide included poor health, insanity, and temperament.

Temperament basically described the person’s habitual manner of interpreting events and their general outlook on life. The simplest arrangement identified two personality groups, subjective and objective. A person with an objective personality typically exuded confidence, self-control, and a dispassionate analysis of events. Individuals with this sunny sort of disposition rarely committed suicide. A person with a subjective temperament was a sensitive individual. Emotions, not reason, ruled their mood and behavior. An inharmonious relationship, perhaps even leading to separation, would cause the objective person to evaluate the circumstances and make changes as needed. The same event would upset the subjective person’s emotional equilibrium, producing a brooding despondency. Between the two temperaments, the subjective state is far more likely to end in suicide.

The act of suicide puzzled the public. It seemed to defy the natural order promoting self-preservation. Suicide also offended the religious mores of the typical 19th-century U.S. citizen. In many cases, suicide was explained as an impulsive act, the byproduct of insanity. At times, this left doctors in the tortuous position of counteracting what seemed incontrovertible common sense. Even so, the prevailing professional opinion strenuously asserted that, “It cannot be too strongly impressed on the mind that suicide is, per se, no more evidence of insanity than crime against the lives and properties of others.”

Among the other factors associated with suicide, interpenetration led the list. One author identified 480 suicides in 1867 as directly attributable to alcohol. A careful study of the census data of 1870 suggested that 7% of the suicides could be traced to alcohol abuse. The uncommon murder—suicide—was almost always associated with alcohol. The relatively lax definition of alcohol misuse probably excluded a much larger group of alcohol-related suicides. For the most part, only the severely impaired form of chronic inebriation justified the label of alcoholism. To avoid embarrassing the suicide victim’s family, physicians were known to alter the cause of death. One particularly critical observer of this practice noted, “Within the last two years, I can call to mind the suicide of six people of high social position, caused by drink.”

The prevention of suicide was a national obsession in the years after the Civil War. Aside from the obvious value in reducing the pernicious misuse of alcohol and opium, most
authorities on the subject focused on social factors. "Our American strenuous life is having a disastrous result on the physical condition of our people ... and this feverish intensity and eagerness to excel begins almost at the cradle..." The same author also lamented the press that sensationalized a suicide and "Many and many a time has such a description directly led to other suicides."\textsuperscript{13}

**SUICIDE AND THE CIVIL WAR**

For purposes of this study, an exhaustive review of Union Army military medical records, a state-by-state analysis of reported military suicides, and an electronic search of leading contemporary newspaper accounts of military suicides provided the bulk of available information. There appears to be no other comprehensive source of military data. These data include only the suicides of white troops. No comparable data seem to exist for Confederate troops. Even where military suicide information existed, it was parsimonious in nature. As a consequence, imperfect though it may be, the data reviewed probably represents the best compilation available. With these limitations in mind, the author will report only statistical frequencies and avoid seeking correlations, which would require more certain data that simply does not exist.

Strangely enough, the causal relationship between the Civil War and suicide received little attention, even though Army Surgeons arguably compiled some of the best statistics of the era. The Union Army maintained a fairly elaborate system requiring "the senior medical officer of each hospital, post, regiment or detachment, to make monthly, to the Medical Director, and quarterly to the Surgeon General a report of Sick and Wounded, of Deaths and of Discharges..."\textsuperscript{14} During the war years from 1861 through 1865, the Union Army reported on suicides. For the vast majority of these cases, the Army Surgeon only listed the name, military unit, and cause of death.\textsuperscript{15}

Contemporary historians identified a link between military duty and suicide. In fact, "the suicide rate of army officers and men is ... much higher than that of the populations to which they belong..."\textsuperscript{16} Although the observation was sound, efforts to explain the trend defied simple explanations. The contrasts between foreign and domestic armies provided some clues. For the most part, European Armies filled the ranks through conscription and maintained ridged boundaries between officers and enlisted personnel. American military units tended to be a bit more egalitarian and typically relied on voluntary recruitment. Of course, the distinctions were imperfect but broad enough to suggest that American soldiers fared better, with a corresponding up tick in morale, when compared with their European counterparts.

Other factors probably neutralized the apparent American advantage in terms of unit morale. Once the excitement of enlistment faded, the realities of war set in. Most Civil War soldiers came from rural environments and rarely ventured far from home. Even though farm life was arduous, it fostered independence through self-reliance. Close family bonds helped buffer the inevitable hardships and disappointments of life. All these were disrupted when the man's patriotic stirrings replaced farm life with army life. Military service swept the civilian, now a soldier, away from home. Discipline, often purposeless from the newly minted recruit's viewpoint, usurped the former freedom of farm life. The alternating rigors and boredom of camp life intermingled with the horrors of war. In time, the nostalgia for home slowly took hold. Of course, most soldiers dealt with these yearnings in various ways like writing letters home. In other cases, the struggle to maintain military bearing failed and led to desertions, depression, and no doubt suicide.\textsuperscript{17}

Analyzing the rate of suicide during the Civil War is a perilous undertaking. Troop figures were not particularly reliable. One authoritative reference, and the source for all calculations in this article, reported personnel strength by calendar year in terms of soldiers present for duty.\textsuperscript{18} Using those figures, personnel strength peaked in 1863 with 676,175 soldiers.

Army surgeons reported suicide deaths soon after the war commenced. The surgeons reported 268 suicides over 51 months, beginning with 1 suicide in June 1861 and concluding with a last reported suicide in August 1865.\textsuperscript{19} Over this time period, the Union Army averaged 5.25 suicides per month. At several points during the war, a sustained increase above this mean occurred (Fig. 1). The greatest increase in the absolute number of suicide deaths started in October 1862 through September 1863. Surgeons reported a slightly smaller and more compact peak in suicide deaths from March 1864 through August 1864. Inexplicably, a significant burst of suicides occurred in the waning months of the war.

The military medical department tabulated statistics by fiscal year, an inclusive period stretching from July 1 through June 30 of the following year. Studying the number of suicides by fiscal year provides a different view (Fig. 2). From
this vantage point, the second year of the war produced the most suicides followed by the last fiscal year.

A particularly interesting trend emerges when examining suicide deaths by season of occurrence (Fig. 3). For purposes of analyzing data, the author defined winter as including the months of January, February, and March. The remaining seasons included the successive 3-month periods. After clustering the deaths in this manner, the seasonal trend of suicides was observed to be reliably peaking every spring.

Adjusting the number of suicides by troop strength offers a totally different picture (Fig. 4). When the number of suicides is determined by calendar year personnel numbers, the last full year of the war has the highest incidence. The first full year of the war closely trailed the rate of 1864. In spite of some of the most lethal campaigns, such as Gettysburg and Chickamauga, the rate of suicide declined during the calendar year 1863.

The incidence of suicide varied by state. In terms of absolute numbers, military personnel from New York led the list with 69 suicides. Ohio and Pennsylvania each contributed 34 suicides, whereas Illinois had 33 deaths. Of course, these states also furnished the bulk of Union troops fighting the war. The rate of suicide can be calculated using the total number of men recruited from each individual state. Unfortunately, the Southern states lacked these data. In any event, California led the Union in terms of the troop-adjusted incidence of suicide with 5 per million, Vermont followed with 3 per million. The states New York, Pennsylvania, Ohio, and Illinois with the largest number of recruits had respective rates of 1.5, 1, 1, and 1.3 suicides per million troops.

Beyond the numbers, detailed information about suicides during the Civil War is scattered and incomplete. Scouring newspapers and 19th century medical resources offer at least a glimpse of the people who committed suicide. In most cases, only unusual stories or deaths among officers made their way into print.

Brigadier General Francis Patterson died in late November 1862. The General, "laboring under a temporary fit of insanity," shot himself near daybreak. Although officially listed as an accidental death, criticism leveled by a superior officer and a possible military inquiry probably weighed heavily on the General.

A Pennsylvania soldier, Curtin, committed suicide while on sentry duty. "He had removed his boot and stocking from his right foot, placed his toe against the trigger of his gun, and discharged its contents into his body." Another Pennsylvania soldier committed suicide after receiving the death sentence for murdering a regimental officer.

First Lieutenant Alonzo Coy of the 11th Massachusetts Regiment killed himself at a field camp near Alexandria, Virginia, in 1862. The acute precipitant was the theft of about 1,000 dollars. Coy confided to a fellow officer that the loss probably occurred while riding a street car in Washington, DC. Three men acted in concert to distract him and probably through an adroit act of poaching, removed his wallet. The loss weighed heavily on Coy’s mind. On the day of his death, a senior officer passed Coy’s tent, receiving both a salute and a pleasant response. The officer continued on his way, eventually taking a seat in a nearby house with an unrestricted view of Coy’s quarters. Shortly thereafter, the officer witnessed Coy lean forward, followed by the deafening roar of a discharged weapon. The alarmed officer ran to Coy’s tent and...
discovered the depressed victim bleeding heavily from a head wound. Efforts to revive Coy failed.

A senior officer of the First Vermont Cavalry committed suicide in April 1862. The inexplicable and dramatic death shocked the regiment. The Colonel, leading his 1,200 men through a small Vermont city, cast a dashing pose astride his horse. After a short ride, the Colonel dispatched his orderly on a routine mission. Putting the spurs to his horse, the Colonel galloped forward and abruptly stopped near a small stream. Quickly dismounting, he withdrew his pistol and shot himself in the head. “He fell back into the stream, and had floated with it some 20 or 30 yards before he was reached by any of his command.” Lacking any discernable motive, the rash act was credited to temporary insanity.

**DISCUSSION**

The numbers are imperfect, but the trend seems to suggest that suicide in America gathered momentum in the 19th century. Several facts emerge with some certainty. Men committed suicide three times more frequently than women. Most of the deaths took place in the spring and suicide increased with age. The seasonality of Civil War suicide might make an interesting modern day study, perhaps validating the trend and then seeking explanations.

As the epidemic of suicide quickened, a vigorous debate about etiology and prevention cropped up in newspapers and medical journals. The relationship between alcohol abuse and suicide was obvious. Most victims of suicide suffered some form of interpersonal turmoil or a financial embarrassment. A romantic disappointment often preceded a suicide. Pecuniary losses alone probably did not drive a person to commit suicide. Instead, the loss of social stature, shame, and anger probably weighed more heavily on the person’s mind. Medical doctors considered insanity a less likely cause of suicide.

A particularly interesting development in the 19th century was the focus on temperament, or personality, and suicide. Based on careful clinical observations, many emerging suicide experts believed that certain personality characteristics either mitigated or aggravated tendencies toward suicide. In a similar fashion, medical doctors increasingly accepted the relationship between depression and suicide. “In the majority of instances full and ample warning is given of the tendency to suicide ... by those moody, melancholy fits ... Let the first signals of its approach never be disregarded....”

The Civil War soldier was not immune from the forces propelling suicide in America. In fact, it was fairly well known that military service increased the risk of suicide. Etiologic speculation centered on social factors, such as the disrupted family support network, the harsh life of a soldier, the daily confrontation with potential death, and the loss of independence.

In addition to the military-specific stressors, the acute precipitants of suicide seemed to match civilian victims. Even with a paucity of detailed reports, military personnel established the relationship between alcohol abuse and suicide. In a similar fashion, depression clearly preceded many of the suicides, traceable in part to a romantic disappointment, financial loss, or a sense of diminished honor. The demographics of civilian suicides also established the gender pattern now commonly observed, where male victims clearly exceed the rate seen among females. In most every prominent male civilian suicide reported in the newspapers of this era, a history of earlier military service was inevitably noted. The newspaper accounts never drew a line between military service and suicide, instead chalked the death up to alcohol use, depression, financial misfortune, or romantic disappointments.

Interpreting the relationship between the war’s fluctuating intensity and suicide depends on how these data are analyzed. Even so, one point stands out; suicides predictably peaked in the spring months. The absolute number of civil war suicides exhibited three heights, which decreased in length as the war continued. An analysis based on the troop-adjusted incidence of suicide reveals a peak rate in the last full year of the war. Between the two, perhaps more credence should be extended to the absolute number of reported suicides, given the difficulty in accurately determining yearly troop strength.

The study of suicidal behavior during the Civil War era points to an obvious conclusion. Clearly, the stressors of war seem pretty consistent across time as do the human responses. Comparing the Civil War with today’s battles in Iraq and Afghanistan, a number of similarities coalesce, adding a measure of certainty and predictability. War fighters from both eras confronted death on a daily basis, contended with unbelievable brutality, suffered the loss of comrades-in-arms, experienced panic-stricken moments that tested their courage, and then returned to civilian life a changed person. In addition to weapons and military training, service members also carry their personalities and constitutional proclivities onto the battlefield. Whether characterized as temperament, resilience, or coping styles, the message is the same. Military personnel will process the hardships of war in ways that reflect their unique psychological and biological development. An unshakeable dysphoria, unrelenting nervousness, chronic insomnia, vague physical complaints, and substance misuse are the typical clues heralding an emotional descent that all too often terminates with suicide. A lack of hope, a sinister cynicism, loss of faith, and social isolation propel the spiral. These are time-honored benchmarks that deserve command and clinical attention.

The shock of suicide often leads to a correspondingly intense inquiry. After a time, interest seems to dwindle until the next “unexpected” suicide. The goal for policy makers and clinicians is to remain vigilant, ever on guard for the possibility of suicide. Even with the best practices, suicide prevention is hampered by the mysteries surrounding the motives. After all, the real answer is lost forever when the person dies. Nonetheless, prudent risk management strategies enforce alertness, ensure that appropriate interventions are quickly accessible, and demonstrate the military’s resolve to combat the dark emotional forces that lead to suicide.
If the past is truly prologue, a few lessons from the Civil War reach across time. Even with a battle-oriented focus, the service member's personality, use of substances, passions, and strivings shape their daily behavior. Depression never takes a holiday and suicide does not pause during war.

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