Casey on Handley-Cousins, 'Bodies in Blue: Disability in the Civil War North'

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For generations, scholarship on the US Civil War focused on battlefields and military history. This has changed dramatically over the last two decades as scholars have shifted their attention to the aftermath of the conflict. One area of rapid growth has been in examinations of how the war permanently reshaped the lives of its veterans. Sarah Handley-Cousins’s book, *Bodies in Blue*, is one of the more recent studies to examine the aftermath of the Civil War for men who fought in defense of the nation (commonly referred to in scholarship as “Northern troops”). Her central premise is that previous scholarship investigating wounded Northern soldiers has focused mostly on amputees (the visibly wounded) at the expense of those suffering from chronic illness and mental health issues (the invisibly wounded).

The first two chapters examine the fate of invisibly wounded soldiers during and immediately after the war. In chapter 1, Handley-Cousins explores the interesting history of the Veteran Reserve Corps (VRC), a unit of disabled soldiers used to relieve healthy men for combat duty while still meeting the need for garrison troops, prison guards, and other noncombat-related positions. Here she shows the beginnings of a public discourse involving the invisibly wounded that places them already at a disadvantage in relation to amputees whose sacrifice for the nation was more visible. Members of the VRC faced perceptions that they were not really that ill and could remain with their units if they so chose. The second chapter examines the fate of those not deemed sick enough for transfer to the VRC and the struggles they faced in convincing men in their unit that they were debilitated while at the same time continuing to assert their manhood and worthiness as a soldier.

Chapter 3 serves as a transition of sorts between the period of the war and its aftermath. Here Handley-Cousins analyzes the work of the Army Medical Museum as a classifier of what counted as disability in the Civil War era and as a storehouse of knowledge for future doctors treating wounds and disease. She also notes how this museum of wounds itself was viewed by some as an open wound, reminding people of the social rifts that had only partially been repaired with the end of hostilities.

Chapters 4, 5, and 6 examine the lives of the invisibly wounded long after the war’s end. The fourth chapter provides the most extensive study of the impact of these invisible wounds on a Northern veteran with a chapter-length study of the postwar life of Joshua Chamberlain, best known for his defense of Little Round Top at the Battle of Gettysburg. Handley-Cousins begins her analysis of Chamberlain’s postwar life with the moment he received his most grievous wound—on June 17, 1864,
at the battles around Petersburg, Virginia. Leading an assault against heavily fortified rebel trenches, Chamberlain was shot through the hip, the bullet damaging his bladder and urethra. This wound, Handley-Cousins shows, would remain with Chamberlain for the rest of his life, never fully healing. We see through the author’s expert analysis of Chamberlain’s postwar life a man who struggled to maintain his manhood by hiding his illness to the best of his ability and the cost he paid physically and mentally for doing so.

Chapter 5 provides a brief analysis of the monetary cost of caring for the nation’s wounded soldiers. Here the invisibly wounded are shown as objects of public skepticism when it comes to awarding pensions for disability. This chapter also harkens back to the theme of veteran reluctance to admit to outsiders that anything was wrong with them for fear of public judgment. The final chapter moves beyond disease and physical wounds less visible than amputation to examine the issue of mental health problems in the aftermath of the war. Handley-Cousins is justifiably wary of using modern terminology or diagnostics on these veterans, choosing to highlight their difficulties (as much as possible) in the manner that they would have been described in the Civil War era.

The book ends with an epilogue that highlights the prurient interest of disability, demonstrating that even shows with seemingly noble purposes, such as PBS’s short-lived series Mercy Street (2016-17), lead viewers to gaze upon the disabled as spectacle. We see the mangled bodies of those caught up in war but learn little from them other than to be horrified and disgusted. This is a dynamic discussed in much of the literature on disability studies (both cultural and medical) and seems a fitting end point to a work poised to make a great contribution to this field.

*Bodies in Blue* is largely an additive work to scholarship on the US Civil War. Handley-Cousins adds new insights into aspects of the war and its disabled Northern soldiers that enrich the work of other scholars, such as James Marten in *Sing Not War: The Lives of Union and Confederate Veterans in Gilded Age America* (2011) and Brian Matthew Jordan in *Marching Home: Union Veterans and Their Unending Civil War* (2014). When it comes to scholarship on disability studies, however, particularly as it relates to combat veterans, this work is of much greater value.

Handley-Cousins’s main contribution is the framing she uses in discussing veterans of the Civil War. She is respectful of the historic specificity of these men and their experiences, but she is also quite adept at reminding us that the issues faced by these invisibly wounded are still pertinent today. Wounds remain invisible because of social pressures on individuals to meet our expectations of gender. This was true in the Civil War era and remains true today, regardless of how a person was wounded or who they are. Future research on disability as it relates to combat veterans can benefit a lot from the methodology of this book.


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