

James Marten

Nomads in Blue: Disabled Veterans and Alcohol at the National Home

On a Saturday evening in late March 1878, amid the glades and glens surrounding the Milwaukee's Civil War soldiers' home, a veteran named Henry Ives died. Ives had spent all of Friday afternoon and most of the night drinking at Brady's, a nearby saloon. By Saturday morning he was in the guardhouse sleeping off what the home's surgeon would later call his "recent debauch" and charged with absence without leave from his post as a home police officer. During the day the surgeon prescribed several doses of chloral hydrate to steady his nerves, and by suppertime he was well enough to eat a hearty meal. Shortly afterward, however, he collapsed and died.

The surgeon's postmortem, which discovered a damaged heart, liver, and spleen, an inflamed stomach, and "very much congested" kidneys, concluded unequivocally that Ives had died of the "muscular exhaustion of the heart" brought on by "chronic Alcoholism." The brief investigation that followed, which included testimony from doctors, the keeper of the guardhouse, and fellow veterans, came to the same conclusion. Two of the witnesses were also being held for drunkenness. One admitted that he had "been in the Guard-House, with Ives, several times before"—once for more than two weeks—for drinking offenses and had, in fact, been with him at Brady's on the fateful night. The other rather forlornly reported that he had still been drunk when Ives died, and went on to describe his own Friday evening: "I met some old friends; and drank too much; and, then, left the Home; without permission; and, then, got drunk again."¹

Residents of Milwaukee—a half-hour's carriage ride from the home—no doubt preferred to think of the men living there as the colorful, kindly old gents they saw strolling around the grounds or occasionally glimpsed on streetcars going into Milwaukee. Yet, like Henry Ives, many of those men struggled to adapt to the aftermath of the bloodiest war in American history. This essay will explore that struggle from a very specific point of view: the

role alcohol played in their lives.² Alcohol abuse was the most serious health and disciplinary problem at the National Home; it became, in a sense, one of the chief disabilities of the already disabled men who lived out years, even decades, at the home. After briefly describing the origins of the home and its place in the larger community, I will show how alcohol hindered the well-being of the veterans and the orderly administration of the institution; explore attempts to combat alcoholism at the home; and offer several suggestions about why these men turned to drink. No single factor can explain the descent of these men into alcohol abuse. Some were scarred by battle, some by mental handicaps, others were worn down by old age. But a significant number of these sad, battered men turned to the bottle for relief. It must be acknowledged that there were obviously men living outside these institutions—veterans and nonveterans alike—as well as inmates of the home who faced similar personal challenges and did not become alcoholics or alcohol abusers. But administrators identified alcohol as perhaps their most serious problem, and this essay will undertake to show why.³

As the United States Army quickly demobilized following the defeat of the Confederacy, a host of social problems faced returning veterans. Many soldiers, especially those discharged late in 1865, were unable to find work, while homelessness and addiction to painkillers like opium and laudanum plagued others. Many Americans believed that ex-soldiers were disproportionately represented in the growing prison and jail populations. In Lancaster County, Pennsylvania, a postwar increase in crime was fueled largely by returned veterans, who committed nearly half of all offenses, especially “moral” and property crimes. These conditions were exacerbated by well-publicized incidents of rioting, lawlessness, and general misbehavior by mobs of ex-soldiers and a fairly generalized fear among employers that veterans, used to the “wild life of the army,” in the words of future president James A. Garfield, would make poor and untrustworthy workers. Some veterans were actually reduced to begging, while newspapers frequently described their destitution and reported despondent veterans’ suicides. Perhaps 200,000 were fully or partially disabled by wounds or disease.⁴

The federal government responded to the financial and health crises facing the saviors of the Union with a pension system for disabled and, later, aged veterans that by 1885 comprised 18 percent of the total federal budget. But first, in the spring of 1865, Congress established a system of federal “asylums” for disabled veterans. Over the next several years, the Board of Managers of the National Asylum—later Home—for Disabled Volunteer Sol-

diers created branches in Milwaukee, Wisconsin; Dayton, Ohio; Togus, Maine; and Norfolk, Virginia, with five more added in subsequent years. A key element in the successful proposal put forward by advocates of locating the northwestern branch of the federal facility in Milwaukee was their offer of the \$100,000 raised at a fair to benefit the local soldiers’ home. In May 1867, the first company of men moved out to a ramshackle collection of farmhouses on a 400-acre site west of Milwaukee in rural Wauwatosa.⁵

Initially, the National Homes housed disabled, single, primarily foreign-born veterans who either died there or eventually left when they were well enough to earn their own livings. Men applied directly to the branch in which they wanted to live, where surgeons determined their eligibility based on rather loose criteria of how likely it was that they could earn their own livings. While popular images of the veterans residing in the homes exaggerated the number of men who had lost limbs or suffered severe injuries, according to a recent history of the National Homes, most inmates were “fully ambulatory.” Yet they suffered from such chronic illnesses as arthritis or rheumatism, diseases of the eye, exhaustion, or other painful conditions that inhibited their ability to live independently. Congress dropped the requirement that veterans have disabilities due to wartime injuries in 1884, and by late in the century the National Homes had become havens for elderly veterans.⁶ The number of men housed in the several branches also rose. The 212 men cared for as residents and as outpatients in 1867 rose to 2,347 in 1884–85; the number of men actually living there in 1900 was 2,113. As many as two-thirds of the veterans were foreign-born (chiefly in Germany and Ireland); a handful had served in the War of 1812 or the Mexican War; only two or three at any time were African-American; most were literate; “farmer” and “laborer” were the dominant peacetime occupations; perhaps one-fourth had wives or minor children; by late in the century a large majority were between the ages of 50 and 70.⁷

The National Home quickly established itself as a prominent feature of the landscape of Milwaukee County. Guides to the city traditionally featured illustrations and detailed descriptions of the beautiful grounds. In 1877, *Milwaukee Illustrated* described the home as “one of the most attractive sights Milwaukee affords.” Most descriptions of the home focused on the beautiful hills and groves that surrounded the sprawling physical plant. Summer or winter, it was, as a newspaper article gushed, “a place of great beauty by nature, vastly improved upon by the work of man.” The grounds were “enchanted” on summer days, with its “far blue vistas, the wide stretches of high-way, velvety turf, odorous shrubbery and variegated beds of flowers.”

Even on cold days in late fall, the brightly colored leaves and “tantalizing effects of light and shade” in the distance made for a stimulating and gracious ambiance.⁸

Officials nurtured the home’s parklike elegance. In 1871, for instance, they invited city residents to come out and enjoy the home’s new pleasure boat, while in 1875 alone, a dance hall, a bandstand, three summerhouses, two “outside water closets, for use of pic-nics,” and a new street gate were built, new and existing roads were graveled and graded, and 600 shade trees were planted along the paths and drives crisscrossing the grounds. The home’s governor acknowledged that this “judicious betterment and tasteful adornment” not only benefited the old soldiers by beautifying their surroundings, but also made their lives less monotonous by attracting “large numbers of visitors.”⁹

For many residents of the nearby city, one of the attractions of the home was its sober gentility. “No more suitable and attractive situations for pastimes of this kind can be found anywhere in this region,” boasted the *Milwaukee Sentinel*, in an apparent reference to the sometimes rowdy beer gardens and private parks in the city. “Here are tolerated none of the riotous worshippers at the sickening shrine of Bacchus. Here the lovers of order and innocent amusements can while away a leisure hour, with no apprehension of disturbance from the interference or the clamorous babblings of the vulgar and dissipated.” Those words were written in 1871, only a few years after the home was founded. By the 1880s and 1890s, as the home’s officials grappled with the issue of alcohol abuse among the veteran inmates, such sentiments would have rung hollow.¹⁰

The 60,000 visitors who thronged the grounds of the soldiers’ home every year seem to have maintained their distance from the residents, although they may literally have tripped over a few of them lying about on the grass. Elizabeth Corbett, who grew up at the home in the 1890s and early twentieth century, reported that their reclining bodies littered the grounds on most fair days. If visitors had looked more closely, they would have noticed the colorful core to the genteel institution: the old men Corbett compared to Dickens’s characters, in whom, she wrote, “eccentricity ran riot.” They rarely bathed and frequently swore, but also fondly offered visiting youngsters tasty Smith Bros. cough drops. Corbett cataloged their offbeat hobbies: collecting burned matches, manufacturing and wearing counterfeit medals, “curing” deadly diseases, and proposing to women visitors, inevitably claiming to have run away to become drummers in the Union army as little boys.¹¹

And, as Corbett recalled years later, many filled their empty hours by drinking, a habit she called “that great resource of veterans.” The men could buy beer at the home saloon, but for hard liquor they turned to the establishments located just outside the grounds that Corbett compared to “the lowest type of waterfront saloon.” In 1896, for instance, over 30 clustered near the northern and southern entrances, with 17 crowded into a two-block stretch of National Avenue. Veterans may have been attracted to dives boasting familiar names like Lincoln, Sheridan, and Sherman, or to bars employing fellow veterans like August Miller, a member of the Grand Army of the Republic, or George Eagan, an inmate who moonlighted as a bartender. A *Milwaukee Sentinel* correspondent claimed that “the baser sort from the city” haunted these saloons, shrewdly getting veterans to buy them drinks and then, after the old men were “stupidly drunk on vile whiskey,” robbing them in the street.¹²

The convenience of these drinking establishments had rather inevitable consequences. Being “drunk” and “under the influence of liquor,” two separate violations of home regulations, were among the most commonly broken rules. In 1881, for instance, they accounted for over 800 of the 1,840 offenses committed (behind only absent without leave with 858) and for over one-fourth of the 3,195 arrests in 1887–88. The offenses listed in a ledger book that covered disciplinary actions for roughly the years 1888 to 1899 revealed that over half—55 percent—were connected to drinking. Most men ran afoul of the rules rarely or not at all, while others seemed to be in trouble all the time. Frederick Richards, for instance, was charged with 13 alcohol-related offenses in less than three years. On separate occasions he was caught drunk off the home grounds, in the main building, in the cemetery, and in his quarters. Another, John O’Brien, racked up nine offenses between late 1888 and the fall of 1889.¹³

The most severe sanctions imposed by home officials punished behavior committed while under the influence of alcohol. Although most violators ended up in the guardhouse, performed 30 or 60 days’ labor without pay, or lost their right to leave the grounds, a few were discharged from the home. One man picked exactly the wrong time to show up drunk. When the board of managers for the National Home, led by former general Benjamin Butler, met in Milwaukee in 1879, James Ford appeared before them “in a drunken condition.” Butler ordered him put in the guardhouse. A few days later, he attacked the provost-sergeant with a club and was booted out of the home within a day. In fact, each year about 1 to 2 percent of the inmates in the entire system were expelled for drunkenness; in Milwaukee,

the multiple offenses of six out of the nine men dishonorably discharged in 1908 included drunkenness. Many were later readmitted to the system, although some made fresh starts at other branches of the home.¹⁴

The most serious—and rare—offenses were sexual and were nearly always alcohol-related. Several inmates were charged with “exposing” their “persons” on National Avenue or at the train depot; others did so in their quarters or outside in the presence of visiting women. In addition to swearing at guards or other inmates, they sometimes “insulted . . . ladies on Home grounds” or used “indecent language in presence of ladies in depot.” After several drinking incidents, William Armour was charged with exposing himself and using obscene language “in the presence of ladies.” Even more serious was the behavior of Rollin Black, who was once charged with “repeatedly insulting schoolgirls & following them on Home grounds while they were going to and from school” and, on another occasion, of “insulting a young girl & putting his hand under her clothes.”¹⁵

While drinking was obviously a discipline problem, it was also one of the worst health problems facing officials at the home. Hospital records from the 1880s suggest that at least 14 percent of all cases of disease or injury were related to drinking.¹⁶ Attending physicians sometimes merely wrote “alcoholism” to describe a patient’s condition, but most cases were more complicated. Patrick King came into the hospital with double pneumonia on November 3, 1883, after a “protracted debauch of 7 days” and died less than three days later. The surgeon blamed his death on “long continued periodic sprees.” Drinking exasperated existing conditions such as heart disease, asthma, insomnia, and digestive problems; resulted in falls down stairways, on sidewalks, and in quarters; caused sudden, outdoor blackouts that led to frostbite during bitter Milwaukee winters; and caused psychological problems so severe that some men—suffering, perhaps, from “softening of the brain,” as the home surgeon liked to put it—had to be put in restraints, placed in the “insane ward,” or transferred to the asylum for insane veterans in Washington.¹⁷ John Van Gent, “being a constant drinker,” jumped out of a two-story building on Spring Street (just north of the home), suffered a compound fracture of both bones in his lower right leg, had it amputated, and died of infection a week later. Walking home late one night after spending the evening drinking on National Avenue, George F. Conn died when he fell, hitting his head on the porch of a house. Other alcohol-related injuries were less serious but no doubt painful. Gustav Johnson, was once treated for “contusion of [the] scrotum from a kick in a beer saloon brawl.”¹⁸

It was no secret that drinking was a problem among veterans. Administrators of the state-sponsored homes for Confederate veterans had to deal with the same alcohol-related discipline and health issues. In fact, officials of the northern state veterans’ homes who convened in Milwaukee late in 1894 believed that “habitual drunkards” were the biggest challenge they faced. The convention resolved that the National Homes should accept “such persons” who had been discharged from state homes immediately—there was at the time a six-month waiting period to get into National Homes for men kicked out of state homes—and that Congress should build a special asylum just for drunken veterans. “I have come to believe,” thundered a delegate from Michigan, “that there is such a thing as the old soldier who has forfeited every right he had to the protection of the state . . . when he goes so far as to lose all manhood, punish him just as you would a criminal.” Perhaps, he suggested half-seriously, the new institution should be labeled “This is the Drunkards’ Home.”¹⁹

Despite such expressions of concern, the board of managers for the National Homes virtually ignored the issue of alcohol use at the homes. But a hint of a policy did emerge. Temperance was to be encouraged, but not required, among inmates, and in 1872, the board announced that furloughs would be “refused to inmates addicted to intemperance.” Yet the board consistently shrugged off protests by the Women’s Christian Temperance Union about beer sales at one of the branches. Beer was widely believed to be less addictive and less harmful than hard liquor, and at a nickel a pint, it was far less expensive than the high-priced liquor sold at neighborhood dives. For these reasons, and because the earnings from beer sales helped pay for entertainment and recreational facilities at the homes, the board declared that beer would continue to be sold. In addition, the availability of relatively harmless and inexpensive beer right on the home grounds had produced “excellent results . . . both as to the morals and the discipline of the men” and had helped the men save more of their pension money. Although they never seemed enough to satisfy Milwaukee teetotalers—newspaper debates in the form of editorials and letters to editors broke out in the *Milwaukee Sentinel* over the sale of beer at the home in 1879 and in 1901—temperance efforts were certainly encouraged. In 1903, for instance, the Protestant and Roman Catholic chaplains at the Milwaukee branch of the National Home told the board that they had between them enlisted nearly 200 men to the cause of temperance. The priest also assured the board that he “occasionally admonished them in my sermons to shun saloons and the use of alcoholic liquors.” The effectiveness of such temperance efforts is, of course, hard to

measure. The number of temperance men claimed by the chaplains represented under 10 percent of the total membership of the home at the time. Most old soldiers were probably no more likely to respond to pleas to stop drinking than they had been as young soldiers. Despite the thousands of pamphlets distributed to them by the American Temperance Union, the American Tract Society, and the Christian Commission, Civil War armies were hardly models of temperance.²⁰

The National Home's policy of firm lenience and understanding toward alcohol abuse matched the attitudes held by many Americans late in the nineteenth century. Even absolute temperance advocates like the Women's Christian Temperance Union favored rehabilitation and sympathy for victims of alcohol. This was also reflected in physicians' growing acceptance of alcoholism as a disease. Heredity, a weak moral backbone, and the social and psychological pressures arising from the rapid industrialization and urbanization of the United States continued to be blamed for the apparently growing number of drug and alcohol addicts (sensationalistic and unconfirmed estimates reached a million by 1900). Yet the medical community instinctively turned to the idea that addiction—to opium, to heroin, to alcohol, to sex, to tobacco—was a curable pathology.²¹

Perhaps wisely, the board of managers allowed physicians in the several homes to "use such remedies as they, in their professional opinion, may deem proper." In the sometimes terse notes they kept whenever a veteran was admitted to the hospital, surgeons at the Milwaukee branch seemed to refer to "alcoholism" as a kind of temporary state, a short-term infection that, once the effects wore off, was gone. By 1903, surgeons actually listed "alcoholism" as a separate condition, divided into "acute" and "chronic"; the 62 men suffering from alcoholism in that year had grown to 284 four years later. Withdrawal symptoms were treated with small doses of whiskey, bromide solutions, morphine injections, and, as in the case of Henry Ives, chloral hydrate. Surgeons followed up in a few cases by prescribing special diets.²²

But these treatments merely coaxed addicts through isolated crises. Physicians and entrepreneurs around the United States, building on the developing theory of addiction as disease, sought permanent cures to the scourge of alcohol or opium. They hoped to instill discipline and order in the lives of their patients, to eliminate the craving for consciousness-altering stimulation, to cure the side effects of addiction—the muscular, respiratory, and digestive problems that inevitably accompanied long-term drug use. Most of the best-known "cures," however, focused on relieving patients of the pain and exhaustion of withdrawal. "Cold turkey" cures, while briefly

popular in the 1870s and early 1880s, expected too much of patients. As a result, a number of self-proclaimed experts designed treatments that substituted different substances—codeine or heroin, for instance—or gradually weaned patients from narcotics or alcohol with slowly decreasing doses of comforting drugs. Less respectable entrepreneurs offered "plant specifics" refined from oats or flowers. Most of these "cures," like their patent medicine cousins, did more harm than good in that they contained high concentrations of morphine or other narcotics. For instance, the nerve-steadying, sleep-inducing chloral hydrate administered during the 1880s and 1890s to many of the men consigned to the guardhouse at the Milwaukee home was highly addictive in its own right. Many products, such as those widely advertised in popular magazines and newspapers, were supposedly effective with home use, but the most respectable—and expensive—cures were designed to be administered over a several weeks in private sanatoriums, which were all the rage by 1900.²³

In its most comprehensive effort to treat alcoholism, the Northwestern branch experimented with just such a sanatorium in the mid-1890s. In 1894, Cornelius Wheeler, governor of the home, devoted a full page of his brief report to the board of managers to "Temperance." He boasted that "the Home seems almost a model community when compared, or rather contrasted, with its character" three years before. Wheeler had reason to be happy, for the number of disciplinary cases at the home had plummeted from over 5,000 in 1890–91 to fewer than 1,600 for the 1893–94 fiscal year. He obviously believed that at least a part of reduction was due to the establishment of a Veteran Keeley League and of a Keeley Institute at the home, in which nearly 400 members were enrolled.²⁴

The Keeley Institute at the Milwaukee home was only one of dozens of franchises established around the country. The original had been created in Dwight, Illinois, by Dr. Leslie E. Keeley. First marketed as a home remedy, the Keeley cure became part of a much more comprehensive several-week-long course of therapy and the inspiration for a nationwide Keeley League, which held annual conventions and sponsored a "Keeley Day" at the Columbian Exposition in Chicago in 1893. Every year, thousands of people from all walks of life—although primarily members of the middle and upper classes—flocked to Dwight, where they submitted to injections of a secret compound four times a day and took less powerful doses of medicine every two hours. Otherwise, the treatment consisted of kind words, sympathy, and freedom; the patients could stroll around the grounds and the streets of Dwight. Ultimately, their addictions would be broken, their self-respect restored, and their lives put back on track. Keeley claimed that his

"simple and mild, but thoroughly effective" treatment had proven "uniformly and almost miraculously successful," with only 5 percent of his patients backsliding into addiction, although Wheeler admitted the much higher rate of nearly 30 percent at the Milwaukee branch.²⁵

Keeley had spent years developing his formula. His service as an army surgeon at Jefferson Barracks during the Civil War exposed him to the effects of drink on the men under his care. He eventually came to believe that drunkenness was a disease rather than a sin and that he could find a way to cure it—sentiments quoted on promotional pamphlets for his institute. His research protocol seemed to have been simply to try anything, and in the 1870s he came up with what he called the "Double Chloride of Gold," the medicine injected into and swallowed by thousands of patients all over the country. He never divulged the exact nature of the cure, other than to affirm that gold was the key component.

The National Home in Milwaukee established its own Keeley Institute in 1892. One of Keeley's biggest supporters was the Milwaukee newspaperman Charles S. Clark, who wrote a memoir of his own addiction to alcoholism and the lasting cure he found at Dwight. In fact, the *Milwaukee Telegraph* gave Clark credit for facilitating the founding of the Milwaukee franchise in 1892. Clark alluded to the connection between old soldiers and drinking in his dedication to, among others, the "Grand Army of American Inebriates"—a sly play on the Grand Army of the Republic, the leading Union veterans' organization. Keeley himself prominently displayed the adoption of his program at the National and State Homes for Disabled Volunteer Soldiers in his promotional literature. The institute in Milwaukee gained a measure of notoriety at the meeting of the Northwestern Soldiers' Association that toured the National Home grounds and listened enthusiastically to Governor Wheeler's speech on a number of administrative issues, including "the drink habit and the Keeley cure."²⁶

Even before Keeley died in 1900, his methods were controversial. Critics blasted his secrecy and his assertion that he had found the single, "perfect" cure for a wide variety of addictions. The significant number of relapses among his patients called his credibility into question, and his far-flung empire eventually crumbled. Although the original institute in Dwight continued to clear a profit well into the twentieth century, the cure had been thoroughly discredited long before. A backhanded compliment showing how far the Keeley cure's fortunes had deteriorated appeared in a famous exposé (of the patent drug industry) in 1907, in which the muck-raker Samuel Hopkins Adams said that, since the institutes had modified their "extravagant claims," he could not now "include them in the swin-

dling category." A hint that the board of managers may have had some doubts about the use of the cure at the National Homes appeared in their minutes late in 1894, when they passed a motion to "strike out certain lines touching the cure of drunkenness in the various Branches." The institute may also have created hard feelings among the hundreds of inmates who refused to take part. When an old sailor named Michael Butler was brought into the guardhouse for being "drunk & disorderly," he called the attendant "a Keely [*sic*] Son of a Bitch & other vile names."²⁷

The "Keeley cure" obviously failed to solve the problem of alcoholism at the Northwestern branch. During 1907, the year in which Congress banned beer sales at the homes, disciplinary offenses rose 28 percent, with bringing liquor into the home and drunkenness accounting for well over a third of the total. As the annual report commented dryly, "the closing of the canteen has not proven beneficial to the members of this home." Veterans kept on drinking, and Americans continued to ponder the causes of this major disability among the disabled.²⁸

No one explanation can account for the alcohol abuse of a widely diverse population, and the men living at the National Home—those who developed drinking problems as well as those who remained sober—differed in a number of ways. Although many, especially those admitted in the 1860s, were severely disabled, others had only mild disabilities. This was particularly true of the men admitted after the 1884 loosening of the disability requirements, when old age became the most common form of "disability." In addition, although a large percentage of the men had endured heavy combat, others had never had to duck enemy bullets. Even if one could divide the men into categories reflecting their conditions, it would be difficult to construct cause-and-effect sequences for individual men with absolute confidence. But a trio of conditions facing veterans offer plausible—at least from the standpoint of current scholarship on veteran populations and on addiction—causes for their alcohol abuse.

The most obvious explanation, of course, has to do with the injuries veterans received in the line of duty. In fact, the common practice of using morphine and opiates to relieve the pain and suffering of egregiously injured or ill soldiers has frequently been blamed for the rise of addicts in American society after the Civil War. Physicians prescribed countless medicines containing opium and morphine derivatives. Severely wounded veterans—the kind most likely to be admitted to the National Home system in the early days—may have been as likely to succumb to alcohol as to narcotics. A cursory look at the records kept by the surgeon examining men requesting

admission to the home shows the severity of many of their wounds. A few reported disabilities stemming from disease or accidents such as falling into latrines, getting kicked by mules, or being poked in the eye during a night march. But on nearly every page of the hospital ledger one can find violent echoes of the great battlefields of the Civil War. During a single week in October 1867, for instance, applicants included soldiers who had lost an arm at Chancellorsville, a lower leg at Cold Harbor; and an arm at Pleasant Hill, while another was partially paralyzed at Chickamauga.²⁹

Not every man with a drinking problem suffered from daily physical pain, and not every painfully crippled veteran became an alcoholic. But they may well have suffered from a different kind of pain. Disabled or chronically ill people, suffering from depression over their isolation, frustrating helplessness, and simple boredom, often turn to alcohol or narcotics to speed their long, empty hours. Elizabeth Corbett maintained that the monotony of life at the home caused some of her beloved veterans to seek release in the bottle, and her amateur diagnosis certainly accounted for at least part of the problem. The men may have been well cared for—they were surrounded by beautiful grounds and had plenty to eat, a clean bed to sleep in, all the clothes they needed, a little spending money, and the grateful respect of the community in which they lived—but their lives had climaxed decades before. Oliver Wendell Holmes Jr., might proudly say that his life had been “touched with fire”—but Holmes enjoyed a long and famously productive life. For some veterans, particularly those who were disabled in some way, that fire had left ashes rather than pride. Their curse was to live for many years as wards of the nation. In the late nineteenth century, the vast majority of male Americans over the age of 65 were still gainfully employed; indeed, the 1890 veterans’ census found that, as Union veterans moved into and past middle age, 93 percent still reported occupations, compared to 90 percent of all men over the age of 45. Yet few of the thousands of veterans living in the National Homes held steady jobs. To be sure, veterans were hired to do much of the menial and some of the skilled labor at the homes, but even in the 1870s, only about a third of all inmates were employed, with most earning only a few dollars a month. Their inability—some critics would no doubt call it their failure—to support themselves no doubt contributed to the malaise that clearly infected some residents of the home.³⁰

Years earlier, as the Civil War still raged, the United States Sanitary Commission had warned against creating a class of dependent veterans. Organized by northern philanthropists to provide medical and social services to Union soldiers, the USSC had begun studying how to deal with disabled soldiers as early as 1862. Based partly on an extensive examination

of European institutions, but also on the USSC leaders’ own very typical attitudes about work, class, and government, they had discouraged efforts to establish national asylums, except for the very small number of truly disabled survivors without home, family, or prospects. In their correspondence and their official reports, USSC officials argued that veterans should, whenever possible, be “reabsorbed” into their own communities and assigned to light labor (or even, in one recommendation, be mustered as a permanent “invalid corps” in the army). They should never be put into a situation that “renders them . . . independent of public opinion, or segregate them from friends, kindred, or fellow-citizens”; nor should they be granted such large pensions that they could “live in absolute idleness.” Stephen H. Perkins, who toured the leading European soldiers’ homes, including the famous Hôtel des Invalides in Paris, concluded in his 40-page report that purposelessness and drunkenness characterized many inmates. In his final recommendations, Henry W. Bellows, the president of the Sanitary Commission, declared that European homes were “costly failures,” urged pensions rather than institutionalization for the overwhelming majority of veterans, and estimated that only two thousand men would be “so homeless, so helpless, so utterly disabled by sickness or wounds” that they would require permanent care.³¹

At least some spokesmen for veterans agreed. As the Civil War ended, the editor of a leading veterans’ newspaper urged all veterans, including the disabled, to seek gainful employment as soon as possible. They must not, argued *The Soldier’s Friend*, “sit down at street corners, as you have seen some of our number in the metropolis, and depend upon the charities of people for support.” Nor should they think that “because you have suffered so much in your country’s service, the world owes you a living.” The paper suggested that there were “many branches of business in which a man with an artificial leg, or with only one arm, can be advantageously employed.” To that end, *The Soldier’s Friend* advertised jobs for disabled and convalescent soldiers selling engravings of war pictures and peddling subscriptions to *The Soldier’s Friend*. In addition, the monthly promoted “The Left-Armed Corps”—men who had lost their right arms—and sponsored a penmanship competition among disabled soldiers learning to write left-handed; the entries were exhibited in Washington.³²

Clearly, in the immediate postwar period, even disabled soldiers were expected at least to try to support themselves. That officials in the National Home system agreed that even disabled soldiers must maintain at least a semblance of manliness is demonstrated by the military style discipline instituted at the homes, which was designed to encourage self-reliance and self-

respect, as well as their attempts to keep the men busy. Members performed maintenance work, clerked, minded a few cattle, tended the home garden; a few served as patrolmen or assisted in the hospital. They were entertained by the home band, treated to traveling stage shows and lectures, enjoyed the use recreation halls, bowling alleys, and libraries, organized baseball teams, and formed their own clubs and societies. And yet one is left with images of men with little to do, with no families to support, with no purpose to their daily lives.³³

Veterans resigned to living at one of the branches of the National Home could not have escaped the prevailing turn-of-the-century notion among state and local poorhouse officials as well as the general public that men should support themselves as well as their dependents, and that aged males who had failed to put up money for their old age deserved whatever degraded and hopeless situation in which they found themselves. Alarming similarities link the residents of late-nineteenth- and early-twentieth-century poorhouses and soldiers' homes: the populations of both were rapidly growing older, many had never married, three-fourths had one or no children, and very few had any way of supporting themselves. By 1900, poorhouses had become old-age homes, mainly for men, that had not quite escaped the stigma attached to institutions widely believed to shelter lazy, shiftless, alcoholic vagrants. Henry Bellows had captured the attitudes of most Victorians—as well as a potent cause for veterans' ennui—when he stated in his report that one of the reasons that Union veterans would not require permanent care was that Americans shared “a spirit above dependence.”³⁴

Those experts of a later generation who urged that disabled survivors of the First World War not be reduced to idleness and dependence might have looked no further than the men who lived at the National Home to find evidence of just the kind of debilitating uselessness they warned against.³⁵ Inmates could accomplish and enjoy none of the standard goals of Victorian manhood. They obviously could not pursue careers in commerce or the trades. They could accumulate virtually no possessions; inventories of deceased veterans listed pitifully little property: John Dugan left clothes, towels, postage stamps, a pen, a razor, a looking glass, and a shaving mug and brush worth a total of 90 cents. Farrell Mitchell owned \$1.40 worth of property, mostly in a pair of good trousers worth half a dollar. Henry C. Miller owned exactly one handkerchief, one pair of gloves, and a package of miscellaneous papers worth, all together, a dime. The men had no families. Wives were not allowed to live at the home, of course, and although a few men reported wives and dependent children, most were alone in the

world. The loneliness of some of their lives is starkly symbolized in the pages of the hospital records, where, next to an occasional entry recording the death of an inmate, is pinned a letter from the attending surgeon to the veterans' next of kin. The letters were returned; sons, brothers, friends had moved without informing the veteran or the home.³⁶

Somewhat more speculative as a possible cause of veterans' alcoholism is the notion that many of the veterans who lived out their years at the National Home suffered from what twentieth-century psychologists have termed post-traumatic stress disorder. Thousands of veterans of service in Vietnam have, of course, been diagnosed with this disorder, and their experiences and responses are instructive in piecing together the nature of Civil War veterans' postwar lives. Eric T. Dean has recently explored the ways in which some Civil War soldiers responded to the stress of combat: boredom with peacetime lives, a propensity for violence, and serious, long-term psychiatric problems ranging from depression and anxiety to “social numbing,” irrational fears, and cognitive disorders. Many found it difficult to get along with family members and old friends, had trouble sleeping, and experienced “flashbacks,” while others turned into loners ill at ease with other men and women. Family members in Dean's sample of Indiana veterans admitted to the state asylum for the insane reported that veterans had lost ambition, had become irritable, and could no longer concentrate or think clearly and that nearly 30 percent turned to alcohol or narcotics. Moreover, substance abuse remains a frequent companion to veterans suffering from post-traumatic stress disorders (PTSD); one recent study suggests that the most important psychiatric distinction between Vietnam veterans suffering from PTSD and the general population is the former's dependence on alcohol or drugs, while another argues that drug and alcohol abuse is a key “coping behavior” of PTSD victims, who also tend to withdraw from people who have not shared their combat experiences.³⁷

The disabling mixture of social isolation, uselessness, psychiatric maladjustment, physical infirmity, and alcoholism surfaces in the records of the Northwestern Branch of the National Home, where the desperation in the lives of some of the veterans emerges from the slivers of evidence that have survived. It can be seen in Hannibal Hopkins, who got into trouble 19 times in two years and received a total of 65 days in the guardhouse—at least twice, he begged to be locked up after “suffering from a debauch.” The desperation can be seen in the decision of Simon O'Kane, who had twice in a two-week period in 1891 requested to be confined in the guardhouse so he could sober up; he ended his torment by committing suicide. It can be seen in the men who, despite chronic misbehavior, found themselves at loose

ends when finally freed from the home on furlough—and came back weeks before their leaves expired. Between the parades and the Grand Army of the Republic meetings, between the infrequent celebrations and the occasional touring company of actors or singers, the lives of many institutionalized veterans were empty and lonely.³⁸

Ironically, the pension system implemented by the federal government between 1865 and the turn of the century attempted, in the words of a recent study of the issue, to “reconstruct” families in the Union. It did so by establishing pension eligibility based on patterns of familial dependence: orphans, widows, and parents could collect pensions if the men who would normally have supported them were unable to do so. Yet the system of National Homes established to care for and to honor the veterans who had sacrificed the most removed them from their families and eliminated the possibility of establishing “normal” lives. Already considered less than whole because of their disabilities, they were further emasculated, within the conventions of Victorian manhood, by their dependence, their isolation, their uselessness.³⁹

Oddly enough, Leslie Keeley provided a point of comparison to the lives of these men in his book *Opium: Its Use, Abuse, and Cure*, with his eloquent, if fanciful and more than a little ethnocentric, account of opium use among the nomads of Arabia. He painted a startlingly attractive picture of the way opium swept away the “poverty and toil” of their daily lives. “Wearied with the long, fatiguing march across desert wastes, or maddened with the cravings of unappeased hunger and thirst,” a nomad could submit to the “magic spell” opium “weaves around him,” with its “visions of gorgeous splendor and princely state.”

Keeley accepted the Arabs’ urgent need to escape what he imagined to be the squalor of their empty desert lives with condescending understanding. “The sluggish nations of the Orient may be content to let to-day be as yesterday, and to-morrow as to-day.” Nomads such as these “do not live—they only exist. As their fathers were thousands of years ago, so they are now.” The monotony, the static—to Westerners—nature of desert life, had “become a part of their very souls.” Who could blame them, Keeley seems to be saying, if they turn to opium. Moreover, he implies, what difference will it make to their lives or to the world if they retreat to opium dreams? Of course, in the bustling West, “so full of life and movement and throbbing energies,” such a choice was unthinkable.⁴⁰

Keeley obviously failed to realize how similar were the daily lives of Bedouin nomads and Union veterans waiting to die at the National Homes.

The latter were, in some ways, psychological nomads, doomed to wander from bunk to mess hall, from Main Building to recreation hall to library from home grounds to saloon. Over and over again, looking at the same sights, the same men; their days blending together. Damned by wounds, by well-meaning government policies, by the nature of the Gilded Age economy, to live unusual, dependent, and unproductive lives in a place and time that prized convention, independence, and productivity, many turned to the fleeting distractions of the bottle, the shallow and temporary communities of barrooms, and the slippery degradation of alcoholism. Americans proved their sincere reverence for Civil War veterans in their commitment to building them grand structures in which to live, in their enthusiasm for sharing the sacred spaces created by beautiful grounds and granite studded cemeteries, and in their willingness to pay billions of pension dollars to veterans and their dependents. Yet the institutions thus created turned veterans into artifacts rather than artisans, patients rather than patriarchs, symbols of a glorious, even nostalgic past rather than symbols of strength and perseverance. These men were being honored and cared for because of something they had done over a few years in their youths. As disabled veterans, the long years that stretched before them mocked that brief past, and man could only bear that empty future if they shared it with a bottle.

NOTES

1. Henry Ives File, Sample Case Files, Box 1, Record Group 15, Records of the National Home for Disabled United States Soldiers and the National Homes Service of the Veterans Administration, 1866–1937, National Archives and Records Administration—Great Lakes Region, Chicago.

2. Nineteenth-century physicians did not distinguish between addiction to, and abuse of, alcohol. For modern definitions of alcohol-related pathologies, Jack F. Mendelson and Nancy K. Mello, eds., *Medical Diagnosis and Treatment of Alcoholism* (New York: McGraw-Hill, 1992), 5–8; and David A. Knott, *Alcohol Problems: Diagnosis and Treatment* (New York: Pergamon Press, 1986), 21–25, 40–43.

3. For brief but useful accounts of the disciplinary problems caused by neighboring saloons and the economic benefits they provided to local entrepreneurs, see Patricia J. Kelly, *Creating a National Home: Building the Veterans’ Welfare State, 1860–1900* (Cambridge: Harvard University Press, 1997), 164–66, 175–79.

4. Richard Severo and Lewis Milford, *The Wages of War: When America’s Soldiers Came Home—from Valley Forge to Vietnam* (New York: Simon and Schuster, 1989), 130–31, 138–41, 176; Robert L. Hempel and Charles W. Ornsby Jr., “Crime and Punishment on the Civil War Homefront,” *Pennsylvania Magazine of History and Biography* 106, no. 2 (1982): 223–44; James A. Garfield to Lucretia Garfield, December 6, 1863, in *The Wild Life of the Army: The Civil War Letters of James A. Garfield*, ed. Frederick D.

Williams (East Lansing: Michigan State University Press, 1964), 301; Larry M. Logue, *To Appomattox and Beyond: The Civil War Soldier in War and Peace* (Chicago: Ivan R. Dee, 1996), 85–89; Judith Gladys Cetina, “A History of Veterans’ Homes in the United States, 1811–1930,” Ph.D. diss., Case Western Reserve University, 1977, 61–83.

5. Kelly, *Creating a National Home*, 77–88, 128–30; Robert J. Neugent, “The National Soldiers’ Home,” *Historical Messenger* 31 (autumn 1975): 88–96.

6. Theda Skocpol, *Protecting Soldiers and Mothers: The Political Origins of Social Policy in the United States* (Cambridge: Harvard University Press, 1992), 140–41. Nearly 30 states also established homes for Union veterans, subsidized in part by federal funds. By 1910, 31,830 veterans—about 5 percent of those still living—lived in federal or state homes.

7. *Milwaukee Sentinel*, December 26, 1870; *Annual Report of the Northwestern Branch, National Home for Disabled Volunteer Soldiers, 1874* (Milwaukee: National Soldiers’ Home Printing Office, 1875), 1–4; *Annual Report of the Northwestern Branch, National Home for Disabled Volunteer Soldiers, 1875* (Milwaukee: National Soldiers’ Home Printing Office, 1876), 1–3; *Milwaukee Sentinel*, February 14, 1878, August 10, 1881, August 4, 1885, and March 14, 1887; *Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers* (Washington, D.C.: Government Printing Office, 1903), 81.

8. *Milwaukee Illustrated* (Charles Harger, 1877), 28–31; *Milwaukee Sentinel*, September 16, 1869, and October 28, 1888.

9. *Milwaukee Sentinel*, November 27, 1870, December 24, 1868, February 14, 1878, and July 15, 1871; *Annual Report, 1875*, 7–8; *Annual Report, 1874*, 6.

10. *Milwaukee Sentinel*, July 17, 1871. For parks and beer gardens in Milwaukee, see Harry H. Anderson, “Recreation, Government, and Open Space: Park Traditions in Milwaukee County,” in *Trading Post to Metropolis: Milwaukee County’s First 150 Years*, ed. Ralph M. Aderman (Milwaukee: Milwaukee County Historical Society, 1987), 256–63.

11. Elizabeth Corbett, *Out at the Soldiers’ Home: A Memory Book* (New York: D. Appleton, 1941), 38, 102–3, 18, 103–4, 100–101, 78–79, 60–61.

12. Elizabeth Corbett to Enos Comstock, September 8, 1943, Elizabeth Corbett Papers, Milwaukee Public Library; Corbett, *Out at Soldiers’ Home*, 74–75, 156–57, 186–91; *Wright’s Milwaukee County and Milwaukee Business Directory, 1896* (Milwaukee: A. G. Wright, 1896), 323–29; Descriptive Book, Robert Chivas Post No. 2, Records of Milwaukee, Wisconsin, GAR Posts, 1865–1943, Milwaukee County Historical Society; “Record D, National Home N. W. B.,” Clement J. Zablocki VA Medical Center Library, 729; *Milwaukee Sentinel*, June 29, 1884.

13. *Milwaukee Sentinel*, August 10, 1881 and March 14, 1887.

14. “Record D,” 819; James Ford File, Sample Case Files, Records of the National Home; Larry M. Logue, “Union Veterans and Their Government: The Effects of Public Policies on Private Lives,” *Journal of Interdisciplinary History* 22 (1992–93): 416; *Northwestern Branch, National Home for Disabled Volunteer Soldiers, General, Special, and Circular Orders, 1908*, VA Medical Center Library; Kelly, *Creating a National Home*, 144.

15. “Record D,” 550, 177, 731, 179, 254, 883, 552.

16. A fairly random sample from hospital records revealed 83 out of 591 cases related to alcohol. Hospital Record, Northwestern Branch, National Home for Disabled Volunteer Soldiers, Record Group 90, Records of the Public Health Service, National Archives and Records Administration, Great Lakes Region, 1:1–155, 4:1–78, 281–90, and 391–400, and 5:1–10, 101–10, 201–10, 301–10, 401–10, and 501–10.

17. *Ibid.*, 1:8. “Softening of the brain” was a popular term for paralytic dementia but could actually refer to a softening of the brain tissue, or encephalomalacia. *Dorland’s Illustrated Medical Dictionary* (Philadelphia: W. B. Saunders, 1988), 1540.

18. Hospital Record, 1:126, 135, 5:205.

19. R. B. Rosenberg, *Living Monuments: Confederate Soldiers’ Homes in the New South* (Chapel Hill: University of North Carolina Press, 1993), 88, 112–15; *Proceedings of the Northwestern Soldiers’ Home Association* (Fullerton, Nebr.: Nance County Journal, 1895), 25, 24.

20. *Minutes of the Proceedings of the Board of Managers of the National Asylum for Disabled Volunteer Soldiers* (Zablocki Medical Center Library), 1:170, 2:279, 102, 328; Kelly, *Creating a National Home*, 165; *Minutes of Proceedings*, 3:91–92; J. C. Furnas, *The Life and Times of the Late Demon Rum* (London: W. H. Allen, 1965), 209–10.

21. Mark Edward Lender and James Kirby Martin, *Drinking in America: A History* rev. ed. (New York: Free Press, 1987), 116–22; H. Wayne Morgan, ed., *Yesterday Addicts: American Society and Drug Abuse, 1865–1920* (Norman: University of Oklahoma Press, 1974), 9–10, 16–23; David F. Musto, *The American Disease: Origins of Narcotic Control*, expanded ed. (New York: Oxford University Press, 1987), 73–77.

22. *Report of Board of Managers*, 89; *Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers* (Washington, D.C.: Government Printing Office, 1907), 158; Hospital Record, 4:12, 449.

23. H. Wayne Morgan, *Drugs in America: A Social History, 1800–1980* (Syracuse: Syracuse University Press, 1981), 65–74; Musto, *The American Disease*, 77–79; “Abuse of Chloral Hydrate,” in Morgan, *Yesterday’s Addict*, 145–46.

24. *Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers* (Washington, D.C.: Government Printing Office, 1894), 208–9.

25. Morgan, *Drugs in America*, 74–83; Lender and Martin, *Drinking in America*, 122–24; Charles S. Clark, *The Perfect Keeley Cure: Incidents at Dwight and “Through the Valley of the Shadow” Into the Perfect Light*, 3d ed. (Milwaukee: C. S. Clark, 1893), 17–18; Leslie E. Keeley, *Opium: Its Use, Abuse, and Cure; or, From Bondage to Freedom* (Chicago: Banner of Gold, 1897), 79.

26. Clark, *The Perfect Keeley Cure*, iii (the *Telegraph* quote is from a clipping glued to the back of the copy of Clark’s book in the Milwaukee Public Library); Morgan, *Drugs in America*, 74; *Proceedings of the Northwestern Soldiers’ Home*, 19.

27. Lender and Martin, *Drinking in America*, 123–24; Samuel Hopkins Adams, *The Great American Fraud* (Chicago: American Medical Association, 1907), 121; *Proceedings of the Board of Managers*, 2:599; “Record D,” 548.

28. *Annual Report, 1907*, 155, 145.

29. David T. Courtwright, “Opiate Addiction as a Consequence of the Civil War,” *Civil War History* 24 (June 1978): 101–11; “Surgeon’s Daily Records, 1867–1877,” Zablocki VA Medical Center Library, 29, 11, 24, 16–17.

30. Donna R. Falvo, *Medical and Psychological Aspects of Chronic Illness and Disability* (Gaithersburg, Md.: Aspen, 1991), 326–27; Corbett, *Out at Soldiers’ Home*, 74–75 quoted in Mark de Wolfe, ed., *Touched with Fire: The Civil War Letters and Diary of Olive Wendell Holmes, Jr., 1861–1864* (Cambridge: Harvard University Press, 1946), v; Jan Range and Maris A. Vinovskis, “Images of Elderly in Popular Magazines: A Content Analysis of *Littell’s Living Age*, 1845–1882,” *Social Science History* 5 (spring 1981): 137–38; Kelly, *Creating a National Home*, 159–60; Logue, “Union Veterans,” 431–32 n. 41).

31. John Ordronaux, "Proposed Scheme of Relief for Military Invalids," no. 58, in *Documents of the U. S. Sanitary Commission*, vol. 1 (New York, 1866), 6–8; Stephen H. Perkins, "Report of the Pension Systems, and Invalid Hospitals of France, Prussia, Russia, and Italy, with Some Suggestions upon the Best Means of Disposing of Our Disabled Soldiers," no. 67, *ibid.*; Henry W. Bellows, "Provision Required for the Relief and Support of Disabled Soldiers and Sailors and their Dependents," no. 95, *ibid.*, 5, 10.
32. *The Soldier's Friend* 1 (June 1865): 2; 1 (May 1865): 3; 2 (February 1865): 2; 2 (April 1866): 3; 1 (May 1865): 3; 1 (June 1865): 2; 2 (June 1865): 2.
33. Kelly, *Creating a National Home*, 158–66.
34. Michael B. Katz, *In the Shadow of the Poorhouse: A Social History of Welfare in America*, rev. ed. (New York: Basic Books, 1996), 88–102; Bellows, "Provision Required for the Relief," 10.
35. Douglas C. McMurtrie, *The Disabled Soldier* (New York: Macmillan, 1919); *Your Duty to the War Cripple* (New York: Red Cross Institute for Crippled and Disabled Men, [1918]), n.p.
36. John Dugan, Farrell Mitchell, and Henry C. Miller Files, Sample Case Files; see, for example, 55 and 508, for a letter from Surgeon Leighton to Adolph Schneider, June 1, 1890, informing him that his father, Charles, had died. The letter was sent to Columbus, Ohio, but never delivered.
37. Eric T. Dean Jr., *Shook over Hell: Post-Traumatic Stress, Vietnam, and the Civil War* (Cambridge: Harvard University Press, 1997), 87, 98–108; Charles R. Figley and William T. Southerly, "Psychosocial Adjustment of Recently Returned Veterans," in Charles R. Figley and Seymour Leventman, eds., *Strangers at Home: Vietnam Veterans since the War* (New York: Praeger, 1980; rpt. New York: Brunner/Mazel, 1990), 167–80; Richard A. Kulka et al., *Trauma and the Vietnam War Generation: Report of Findings from the National Vietnam Veterans Readjustment Study* (New York: Brunner/Mazel, 1990), 86–138, 139–88; Dean, *Shook over Hell*, 168–70. Of the more than 100 PTSD veterans examined by Herbert Hendin and Ann Pollinger Hass, three-fourths abused alcohol at one time or another after their return from Vietnam. See *Wounds of War: The Psychological Aftermath of Combat in Vietnam* (New York: Basic Books, 1984), 183–84. Evidence suggests, not surprisingly, that disabled persons who "misuse" alcohol, prescription drugs, or illicit drugs are those who are "less accepting" of their disabilities and more likely to be depressed over their condition. Allen W. Heinemann et al., "Prescription Medicine Misuse among Persons with Spinal Cord Injuries," *International Journal of the Addictions* 27 (March 1982): 301–16.
38. "Record D," 1, 187, 231, 333.
39. Megan J. McClintock, "Civil War Pensions and the Reconstruction of Union Families," *Journal of American History* 83 (September 1996): 456–80.
40. Keeley, *Opium*, 7–9.

Deborah Cohen

Will to Work: Disabled Veterans in Britain and Germany after the First World War

The First World War was murderous without precedent. More than nine and a half million soldiers died over a period of 52 months; on average, the war claimed the lives of 5,600 men every day that it continued.¹ Twenty million men were severely wounded; eight million veterans returned home permanently disabled.² They had suffered the worst injuries ever seen. Shrapnel from exploding shells tore a ragged path through flesh and bone, leaving wounds, one British surgeon acknowledged, "from which the most hardened might well turn away in horror."³ Under the threat of constant shell-fire and ubiquitous death, some men lost their minds. After months of exposure in rat-infested trenches, others contracted debilitating illnesses that stole their breath and shortened their lives. As many as six million children lost their fathers in the war; perhaps another three million watched them die at home.⁴ Few families were spared mourning.

Throughout Europe, the care of disabled veterans posed one of the most important challenges to reconstruction. Although the war's chief beneficiaries faced the same dilemma, each, strikingly, sought to resolve the problem in very different ways. In Britain, the reintegration of disabled men was left largely to voluntary effort. In Germany, on the other hand, the state embraced the care of disabled veterans as its highest duty, and charities for ex-servicemen were all but eliminated. In the latter half of the 1920s, Germany's first democracy spent approximately 20 percent of its annual budget on war victims' pensions; in Britain, by contrast, war pensions occupied less than 7 percent of the annual budget from 1923 onward.⁵ Yet the British state's neglect, and the German state's attentiveness, had paradoxical effects. Despite comparatively generous pensions and the best social services in Europe, disabled veterans in Germany came to despise the state that favored them. In contrast, their British counterparts remained devoted subjects, though they received only meager compensation.