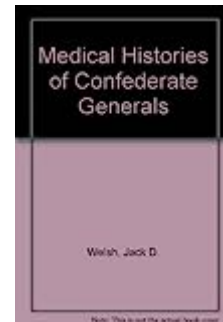


# H-Net Reviews

in the Humanities & Social Sciences



**Jack D. Welsh.** *Medical Histories of Confederate Generals*. Kent, Ohio: Kent State University Press, 1995. xviii + 297 pp. \$35.00 (cloth), ISBN 978-0-87338-505-3.



**Reviewed by** Roger C. Adams (Northern Kentucky University)

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Jack Welsh openly admits in his introduction to *Medical Histories of Confederate Generals* that he made no attempt to theorize about Confederate generals' military abilities as affected by their health. Therein lies the greatest shortcoming of this work. Without that speculative approach, Welsh's work is only to be consulted and not consumed by a reader.

The research is, indeed, impressive. Welsh has amassed the entire known medical histories for the 425 Confederate generals listed in Ezra Warner's *Generals in Gray*. Not only has Welsh included their wartime ailments, but he has also provided their pre- and post-war physical problems. From this valuable information it may be possible to infer possibilities about the relative health of some generals during the war.

For example, we do know that Albert Sidney Johnston was involved in a duel with General Felix Houston in 1837. In this duel, Johnston was hit in the pelvis; the bone itself was undamaged, but the sciatic nerve was significantly injured. Welsh notes that Johnston subsequently lost muscle mass, had numbness in the leg, and walked with a limp. All of this combined allowed Welsh to conclude that Johnston's wound at Shiloh (a spent minie ball tore the right popliteal artery) may have been ignored by him due to diminished feeling in that leg as a direct result of the 1837 dueling wound.

In other instances, Welsh avoids drawing such direct conclusions that may be purely theoretical or merely controversial. In Robert E. Lee's medical history he ignores recent scholarship that suggests Lee may have suffered a mild heart attack in April 1863. Welsh dismisses this possibility, describing this illness as "paroxysms of sharp pains in the chest, and arms associated with some fever" (p. 134). Symptoms suggested pericarditis to Lee's doctors. A more speculative modern analysis suggests a mild heart attack. But for Welsh to make such a suggestion, especially one that could have bearing on Lee's health during the Gettysburg campaign, would be contrary to his stated intent not to make such judgments. In another entry, Welsh mentions that John Hunt Morgan was killed "by a shot in the chest" (p. 159). The Federals' accounts of Morgan's death and recent documentary evidence clearly demonstrate that Morgan was shot in the back while fleeing his captors. He was not shot in the chest while surrendering, as some have suggested. Granted, these points are historical minutiae. Nevertheless, they are integral points in the medical histories of the subjects that had dramatic impact on events.

Most valuable in Welsh's work is a glossary of period terms used in the case histories. For those unfamiliar with nineteenth-century medical terminology, Welsh has given both the modern and antiquated definitions. Miss-

ing, however, is an index to the entire work that would allow a medical historian to determine the frequency of various maladies that afflicted the Confederacy's generals. Instead, Welsh included a sequential list of violent occurrences to the generals during the war with their locations. Unfortunately this list accounts only for combat-related injuries, duels, accidents, and suicides.

*Medical Histories of Confederate Generals* should be

found in every Civil War research library. Because this is a biographical dictionary, it is not a work to be read cover to cover.

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