marching and fighting extensions of the northern community in which the individual volunteer was raised. Mitchell employs the concept of "domestic imagery" in his discussion and examines a wide range of topics including discipline in volunteer armies, the relationship of white officers and black soldiers, and the contrasting images of northern and southern women.

In constructing his theme, the author draws upon an impressive and eclectic collection of primary sources and recent ethnic, gender, and revisionist studies. This interesting bibliographical mixture enhances Mitchell's perspective on the war's participants and events. Undoubtedly, some of Mitchell's conclusions will provoke debate among scholars, particularly the sub-chapter entitled "Domesticity and Confederate Defeat" (pp. 160-66). Here the author discusses northern victory and southern defeat within the context of familial ideology and family obligations. Despite the expected interpretational differences generated by such pioneering studies as The Vacant Chair, all serious students of the Civil War will benefit from Mitchell's unusual approach.

Mechanically, the writing is quite good and the index sufficient. It is surprising that the editors elected not to include a bibliography, but the extensive notes compensate for this deficiency. Taken altogether, this is another quality offering by an excellent publishing house.

It is feared that the general public will bypass this book and concentrate upon the many fine narratives of marches and battles that have appeared recently. However, those who desire a better understanding of why the northern soldier left his chair vacant by the family hearth and what reservoir of strength he drew upon until final victory could be achieved will profit from Mitchell's work.

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The Civil War may have been the first "modern" war in military terms, but in terms of medical and surgical care, the conflict might just as well have been fought in the Dark Ages. Roughly two-thirds of all Civil War casualties resulted from disease. Doctors reported ten million cases of illness and more than four hundred thousand disease-related deaths. Military surgeons operated in an era before an understanding of antitoxins, aseptic surgery, antisepsis, and
bacteriology. Medical personnel and the general population alike were unaware of the relation between disease environments, immunity, sanitation, and insects to illness. Not surprisingly, then, more than forty-four thousand Union soldiers died of diarrhea or dysentery and approximately another thirty-three thousand succumbed to typhoid, typhus, or typho-malarial fever. “Between disease and the Civil War soldier,” medical writer Peter Josyph explains, “there was not a fair fight” (p. 21).

Josyph’s *The Wounded River* is a selective edition of the correspondence of New York physician John Vance Lauderdale (1832–1931). Soon after receiving his M.D. from the Medical College of the University of New York in 1862, Lauderdale signed on as a contract surgeon with the United States Army. In that capacity he worked aboard the hospital steamer *D. A. January* for less than five months and treated patients for a total of only about forty days. Summarizing his practice, Lauderdale remarked: “We hardly see our patients and make a poor diagnosis before they are off our hands. We cant see the effect of remedies, and the most we try to do is to render our patients as comfortable as possible, and promise them more thorough treatment at the hospitals” (p. 133). According to Josyph, “Lauderdale’s letters are . . . most significant not for what he describes, but for who he becomes, the disposition of his views . . . deriving, at times, less from what he observes than from what he does not” (p. 32). After civilian service at New York’s Bellevue Hospital (1862–1864) and as a contract surgeon in Utah Territory (1864–1865), Lauderdale entered the regular army as assistant surgeon. He earned the rank of surgeon in 1880 and continued to serve until 1896. Upon his death at age ninety-nine he was the oldest officer in the United States Army.

Josyph’s edition provides limited insights into the diverse qualifications of Civil War–era surgeons (no license was required to practice medicine!) and medical conditions along the Mississippi, Ohio, and Tennessee Rivers. Writing on April 21, 1862, Lauderdale remarked: “It brings a strong man down to the helplessness of a child, to be a victim of war, & it is only the hardy ones that can bear up under such shocks” (p. 48). The following day he complained of the horrible conditions aboard the *D. A. January*. “It is impossible,” Lauderdale wrote, “to do justice to so many, crowded together as they are in every nook and corner on both decks” (p. 50). At best, he and his fellow surgeons removed tissue, amputated limbs, and tried to stabilize their patients’ conditions. Those who survived the jarring journey northward were ferried to more conventional hospitals in St. Louis and Cincinnati.

Though Lauderdale’s correspondence contains some primary material for medical and social historians, especially on the Battle of Shiloh and its aftermath, *The Wounded River* falls short as a documentary edition. Most of Lauderdale’s comments are pedestrian
observations, at best suggesting his personal and ideological maturation, at worst seeming indifferent to the plight of his patients. The edition also is marred by sloppiness, inattention to detail, and numerous omissions, including an inadequate index. Joseph's introduction, for example, is poorly organized and unevenly documented. He repeatedly fails to annotate essential statements regarding Civil War medicine and provides excessive information on battles and other peripheral issues. Unfortunately Joseph thus misses an important opportunity to use Lauderdale as a case study to document the inadequacies of Civil War-era medical training, knowledge, and care.

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How did racist frontier Iowa, promulgator of an 1851 black exclusion law, become the "bright radical star" of 1866—the first state voluntarily to adopt black suffrage in the early days of Reconstruction? The question is familiar to anyone who has tried to explain the rise of the Republican party in the northern states of the Middle West (including Indiana), where early antipathy to radical abolitionists coexisted with fear and loathing toward African Americans and white-hot enthusiasm for a Union triumph over southern rebellion. At least since Eugene Berwanger's myth-shattering 1967 work, The Frontier Against Slavery, historians have struggled to explain quick reversals and the frequent side-by-side persistence of virulent racism and Radical Republicanism on the middle border. Now comes Robert R. Dykstra with an extraordinary and sophisticated study of a single state's experience with "black freedom and white supremacy" in the four decades bracketing the Civil War.

Dykstra is one of the most meticulous historians in the business—a determined quantifier, patient researcher, articulate reporter, and graceful stylist—whose virtues combine to make Bright Radical Star at once a model of rigorous analysis and a pleasure to read. Starting with stories about the small black population in Democratic frontier Iowa, Dykstra introduces a growing cast of characters, confrontations, court cases, political events, and social developments until, nearly two hundred pages later, readers find themselves in a thoroughly Republicanized state on the eve of the Civil War, illegally funneling muskets into Kansas and singing the praises of murderous John Brown! Deftly skipping the war itself,