

# Coronet

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## Could Lincoln Have Been Saved?

by OTTO EISENSCHIML



**C**OULD Lincoln's life have been saved if the physicians of his time had possessed present-day medical knowledge and modern surgical equipment? Could doctors of our day preserve the life of a man stricken down by a bullet under the identical circumstances which caused the death of our war-time President?

When Booth fired his pistol he probably stood no farther than two feet from his victim; for the bullet, a round ball, half an inch in diameter and made of Britannia metal (a hard alloy of tin, copper and antimony) made a perfect hole in a hard part of Lincoln's skull.

"The hole," so one of the attending doctors said, "was as cleanly cut as if done with a punch."

If the shot from the low-velocity Derringer pistol which the assassin was using had traveled a longer distance, the bone would not only have been pierced but also shattered. In contrast, a present-day revolver would drive its steel-jacketed (in reality, cupro-nickel jacketed) cone-shaped bullet through a man's head with greater



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the brain half an inch or so short of them.

About two hours before Booth's deed, a young army surgeon by the name of Charles A. Leale had strolled into Ford's Theatre. The performance had already begun, and all the late customer could get was a seat in the orchestra circle on the same side as Lincoln's box and about forty feet away from its door. His late arrival, and the fact that he had a cool head, a sure eye, and a sympathetic heart, most likely were the causes of prolonging Lincoln's life far beyond human expectation. Dr. Leale saw Booth jump from the box to the stage with dagger in hand and immediately ran toward the Presidential loge. It took a few agonizing minutes to open the barred door, and on entering the box he was confronted by the frantic and bleeding Major Rathbone, one of Lincoln's guests, who clamored and begged for medical attention. There was more important work to do, though; the officer's wounds were superficial and his treatment was quite properly left to others.

As Dr. Leale surveyed the scene before him, he saw the President's figure slumped in a high-backed rocking chair, head resting on the breast and eyes closed. Only Mrs. Lincoln's support kept him from sliding to the floor. Dr. Leale immediately felt for the pulse of the stricken man; it was not discernible. With the aid of two or three bystanders, he ordered the unconscious body to be lowered from the chair to the floor of the box.

As yet there was nothing to in-



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dicating the nature of the injury. A small amount of blood had oozed from Lincoln's head and had formed a clot near the left shoulder, but most of it had been absorbed by his thick, black hair and was not readily visible. Remembering Major Rathbone's slashed arm and the dagger in the assassin's hand, the surgeon expected to see a knife wound on the body. He therefore removed Lincoln's upper garments; a quick survey showed no trace of an external injury. When Dr. Leale found no blood on the body he had the good sense to lift the eyelids of the dying Chief Magistrate; he saw at once the unmistakable signs of a severe injury to the brain. The discovery of the bullet wound followed as a matter of course.

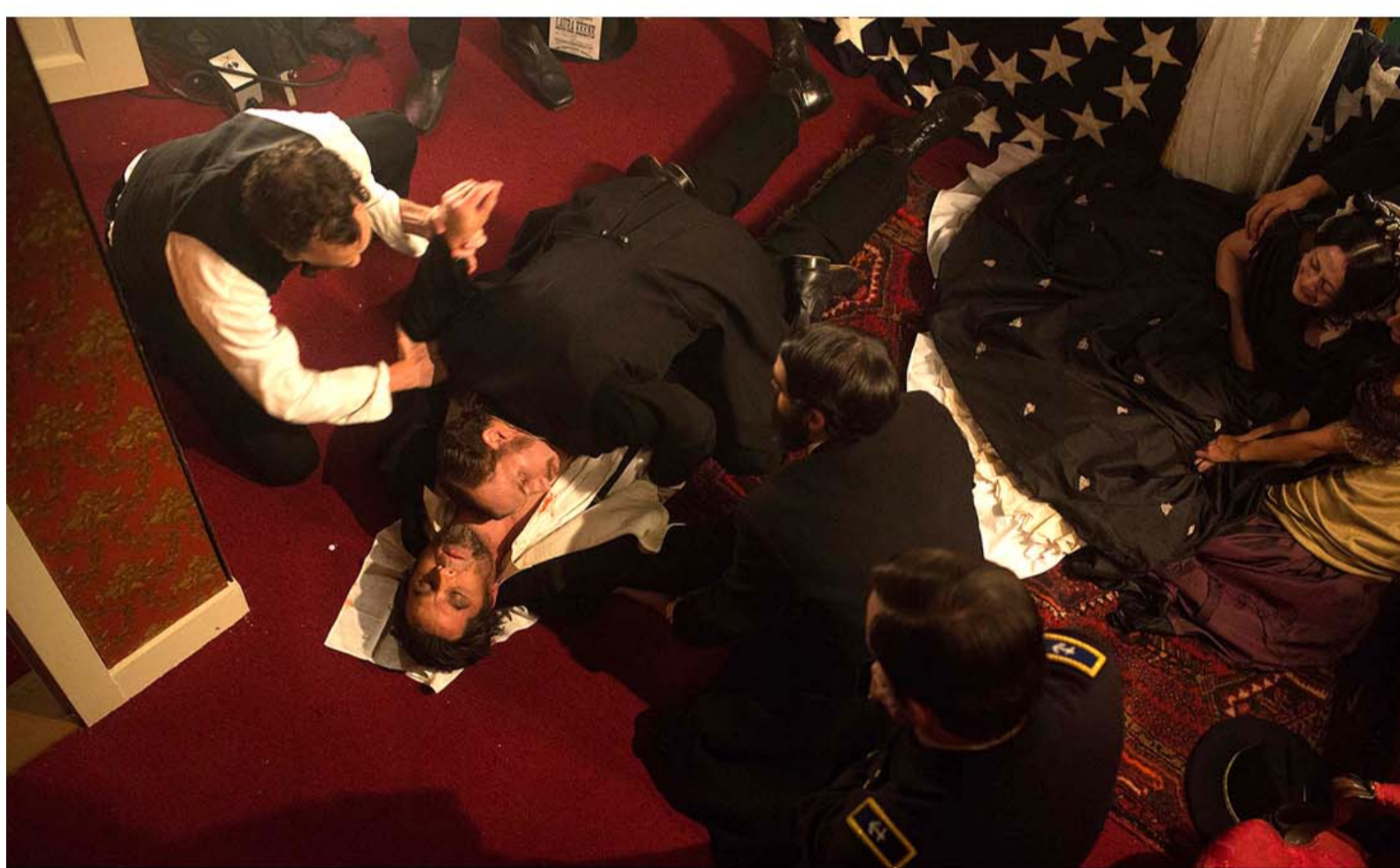
The shock had apparently paralyzed the illustrious patient, and Dr. Leale feared that death would be but a matter of minutes. Nevertheless, and although the wound was undoubtedly mortal, he set himself the task of reviving Lincoln temporarily, if this were at all possible. Kneeling down on the floor close to the prostrate form, he endeavored to induce artificial respiration by opening Lincoln's mouth and blowing his own breath into the lifeless lungs; others helped in his efforts toward artificial respiration. Soon they were rewarded for their pains: the unconscious body responded feebly. Without a pause Dr. Leale pushed his advantage. He poured a small quantity of diluted brandy into the President's mouth and



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was happy to see it swallowed and retained. A fluttering pulse indicated increased heart and lung action. For the moment death had been checkmated.

BY THIS TIME two other physicians, Dr. Charles S. Taft and Dr. Albert F. A. King, had arrived, and Dr. Leale thought the time had come to take Lincoln to a safer place. He and Dr. Taft vetoed as too dangerous the suggestion made by several gentlemen present to remove the President to the White House. The streets of Washington were either full of ruts and holes or else were paved with rough cobblestones. To transport the patient over any of the available routes, so the



medical men soundly reasoned, might have resulted in immediate death.

When the President had been stretched out on a bed in Petersen's boarding house, across from the theatre, he was undressed to make sure that he had suffered no other injury besides the one that had been disclosed. Hot water bottles and blankets were now called for to help increase the circulation in the cold lower extremities. Mustard plasters were applied over various parts of the body. Brandy was used once



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more, but this time was not swallowed and produced symptoms of strangulation. It was not tried again during the night, nor were drugs of any kind called for by the physicians. The President's heavy breathing indicated brain compression, and so the clots of blood, which kept forming at the opening of the wound, were removed from time to time, whereupon his breathing always became easier and his pulse more regular. The head was maintained in a position which facilitated the discharge from the wound.

Dr. Leale had now done everything he could think of and stood aside for Dr. Robert K. Stone, Lincoln's family physician, and Surgeon-General Joseph K. Barnes, of the United States Army, to whom he reported officially what he had done, and from whom he received nods of approval.

While clearing away the blood clots from the wound, Dr. Leale felt for the circular piece of bone which the missile had torn out from the skull; he found it about two inches inside the opening. By moving it gently with his forefinger, the surgeon could make it act as a sort of valve, controlling the oozing of the blood and brain matter, and through it ease the compression which so disturbed the dying President.

Although Dr. Leale was nominally left in charge of the case, according to time-honored medical ethics, it is probable that his superior officers now took a hand in the proceedings. About two o'clock in the morning it was de-



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cided to probe for the bullet, and the attending physicians believed that they succeeded in locating it. A search by insertion of the fingers had been fruitless, and therefore a long silver probe with a porcelain bulb was brought into use for this purpose. A plan to have the bullet extracted may have been discussed, but if so it was not executed.

The plight of the helpless bystanders must have been a sorry one, as the night slowly passed on, with Lincoln breathing irregularly and at times laboriously. At half past five in the morning unmistakable signs of dissolution set in. The discharge from the wound stopped; respiration became painful and at times ceased entirely. The pulse intermitted at intervals; then there would come two or three feeble beats, followed again by a pause during which life seemed extinct. Amid an ominous stillness Lincoln died at twenty-two minutes past seven o'clock.

IT IS A compliment to Lincoln's bedside attendants that, if modern scientists had been in charge, they would have proceeded in principle much as did their colleagues of seventy-six years ago. Their technique would naturally be vastly improved, but there was but little more that they could have done. Medical men of today would not, of course, like Dr. Leale and two of his colleagues, insert their unwashed forefingers into Lincoln's wound to feel for the bullet or to relieve the compression. Any surgeon guilty of such crude work would find him-



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self confronted with the charge of gross ignorance and malpractice; but in 1865 Pasteur's work was still unknown, and the expressions *septic* and *antiseptic* were not yet in a physician's vocabulary. There would be no probing at all for the bullet today, and it is doubtful if surgeons would even make an X-ray search for its location during the shock phase of the tragedy. The bullet had done its deadly work on the way in—for the time being its exact position was immaterial; certainly its extraction would not be attempted while the patient's life was wavering precariously on the brink.

Physicians now consider it essential to keep their patient quiet and on occasion use sedatives for that purpose. The irritating blood clots would not be removed by hand but by the use of saline-solution irrigations.

The main endeavor of twentieth century surgeons in cases of brain injury still tends toward easing the pressure on the brain. Aside from the removal of the blood clots and the bone fragments causing this pressure, they would supplement this action by injections of dextrose; respiratory stimulants might also be considered to further relieve compression. In an extreme case opening of the skull is sometimes attempted, but no operation of any kind would be undertaken before at least forty-eight hours had elapsed—provided the injured person lived that long. That Lincoln's life endured for about ten hours after Booth's shot is considered re-



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markable and can be attributed only to an extraordinary vitality, aided by Dr. Leale's energetic and intelligent measures. It was the opinion of the surgeons in 1865 and is the opinion of their successors today that under like conditions most patients would have died within two or three hours.

Even if Lincoln had been accorded the best of modern treatment, it is universally believed that all efforts to save him would have been in vain. Only a miracle could have prevented his death, and no medical man aware of the facts in the case could have prayed for that. For if Lincoln had survived his wound he would not have been the man whose picture is now alive in the minds and hearts of the American nation. Meningitis and brain abscesses would have threatened him; a form of convulsive seizures known as Jacksonian epilepsy or other forms of organic nervous disturbance might have been his lot; most likely he would have been paralyzed, partially or on both sides; moreover, he would have been totally blind. Worst of all, he would have been a man without an active brain, a mere hulk, a sorry semblance of his former brilliant self.

Dr. Leale, watching at Lincoln's bedside, harbored the thought that the dying President might possibly be able to hear what was going on around him. He held the patient's hand in his own, assuring him by friendly pressure that the world, although in despair, was doing everything possible to save



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a life which, now that peace and reconciliation were in sight, had become doubly precious. Scientists of today hold that Dr. Leale's kindness was wasted. They are convinced that Lincoln was insensible and remained insensible from the moment the bullet had struck him. He could hear neither the voices of the people around him, nor the hysterical sobbing of his wife. Dr. Leale's hope that a last flickering of the flame might bring back consciousness for a few fleeting moments was not fulfilled; Lincoln passed gently from unconsciousness into oblivion. Perhaps it was better so.

Abraham Lincoln certainly would have preferred to die at the pinnacle of his life, rather than become the hopeless wreck and object of pity which in all likelihood he would have been, had he lived on.

*Otto Eisenschiml, a prominent Chicago chemist and business man, attracted nation-wide attention in 1937 by his book, Why Was Lincoln Murdered? He followed this volume in 1940 with another publication, In the Shadow of Lincoln's Death, which, like its predecessor, became a best-seller. Mr. Eisenschiml is considered the world's leading authority on Lincoln's assassination, and this article is an example of his painstaking and original research into lesser-known phases of Lincoln's death. Mr. Eisenschiml prepared the article in consultation with a number of medical authorities, to whom he expresses indebtedness. The article was emended by Drs. Max Thorek, C. W. Muehlberger, and Hans L. Popper.*

