Review Essay

An Afflicted Hero?

MATTHEW NORMAN


Interest in Abraham Lincoln is seemingly never-ending. Ever since his assassination, there has been no shortage of books about various aspects of Lincoln’s life and career. So many works have been published about Lincoln that more than seventy-five years ago, noted Civil War historian and Lincoln biographer James G. Randall asked, “Has the Lincoln theme been exhausted?” Randall concluded that it still contained promise, for he believed that Lincoln studies had been largely dominated by amateurs and he hoped that more scholars would enter the field and produce works that reflected the best practices of trained historians. One wonders how Randall might answer his question today. Numerous scholars have followed his call by writing well-researched and insightful books and articles on a vast array of topics pertaining to Lincoln’s life and times. Popular interest in Lincoln has apparently not waned either, if the sheer number of recent books about him is any indication. As Frank J. Williams points out in *Lincoln as Hero*, over seven hundred books about Lincoln were published between 2007 and 2011. Even the most devout admirer and collector of Lincolniana would have a difficult time keeping up with this continuing flood. Williams views this surfeit of publications as further evidence of Lincoln’s status as America’s number one hero, who continues to hold a prominent place “at the heart of the American imagination as no other figure in the nation’s history” (1). It is difficult to dispute this statement, especially after reading Williams’s *Lincoln as Hero* and Glenna R. Schroeder-Lein’s *Lincoln and Medicine*. Both books are part of Southern Illinois University Press’s Concise Lincoln
Library, which seeks to feed the desire to know virtually everything possible about Lincoln by offering compact monographs on specific subjects pertaining to his life and legacy.

How does one explain Lincoln’s enduring popularity? Given the recent trend in Civil War historiography that focuses on memory and the various ways in which the war has been remembered and commemorated, one might expect Williams’s *Lincoln as Hero* to synthesize the work of Merrill Peterson, Barry Schwarz, and others who have examined Lincoln’s place in American memory. Instead, Williams offers an explanation for why Lincoln was a hero in his own time and should be admired as a hero today. According to Williams, Lincoln possessed the requisite virtues that make a true hero, such as leadership, courage, pragmatism, vision, a strong work ethic, excellent communication skills, the ability to learn and adapt to new situations, and moral principles. Lincoln’s rise to the presidency from such humble origins through hard work and determination make him “one of the finest examples of the American dream” in Williams’s view (7). Lincoln educated himself, read law, and became the “ultimate lawyer-statesman” (13). Williams asserts that Lincoln developed traits as an attorney that served him well in his political career. For example, Lincoln’s ability to weigh evidence judiciously, his talent for communicating with clients and jurors, and his desire to settle disputes out of court were all aptitudes that helped him as commander in chief.

Focusing primarily on the presidency, Williams praises Lincoln’s ability to make maximal use of his talents and argues that the decisions to suspend habeas corpus and issue the Emancipation Proclamation were acts of courage that, while controversial, helped to achieve the larger objectives of winning the war and ending slavery. While Jefferson Davis possessed more experience with military affairs than Lincoln, Williams believes Lincoln succeeded due to his flexibility and aptitude for learning from his mistakes. Lincoln’s assassination put him on the “path to sainthood,” and he eventually became “a mythic figure in the deepest sense of the word” (77, 81). While Williams marshals evidence to support his case for Lincoln’s heroism, one wishes he had also explored how Lincoln came to be viewed as a saint and how his role as a mythological figure evolved on the landscape of American memory. Heroes and heroism were topics that very much interested Lincoln’s contemporaries. Ralph Waldo Emerson lectured on the uses and limitations of believing in great men and eulogized Lincoln as one of the three greatest men of the nineteenth century (John Brown and Kossuth were the other two). Thomas Carlyle also offered eloquent reflections on heroism and suggested that hero wor-
ship was an innate characteristic, a constant throughout history that he likened to a cornerstone on which societies could rebuild themselves following revolution, decay, or ruin. Williams argues that Lincoln was heroic for destroying what Alexander H. Stephens characterized as the cornerstone of the Confederacy, and this book is perhaps best seen as an example of the endless desire for heroes that Carlyle described.

In his essay “Getting Right with Lincoln,” David Donald noted that by the early part of the twentieth century, Lincoln had become so popular that the Republican Party lost its monopoly on appropriating him for political purposes. The desire to “get right with Lincoln” afflicted a wide range of political groups from prohibitionists to Communists to Dixiecrats. Donald concluded it was Lincoln’s “essential ambiguity” that enabled so many diverse groups to lay claim to his legacy. In the first book-length overview of Lincoln’s health since Milton Shutes’s 1933 work *Lincoln and the Doctors*, Glenna R. Schroeder-Lein’s *Lincoln and Medicine* identifies a phenomenon that could be described as the medical equivalent of “Getting Right with Lincoln,” though it might be better termed “Getting Ill with Lincoln.” Schroeder-Lein offers a clear, concise, yet thorough analysis of a variety of medical topics related to Lincoln and his family. If Lincoln’s ambiguity was a key in explaining why so many political groups have claimed him, Schroeder-Lein’s work chronicles the extent to which a host of diseases and ailments have been attributed to him due to a desire to associate a particular illness with someone of Lincoln’s exalted stature.

The problem, as Schroeder-Lein notes throughout her book, is that available evidence does not permit definitive conclusions regarding the health of Lincoln, his wife, and their children, but this ambiguity has not prevented the offering of a host of ex post facto diagnoses. Schroeder-Lein begins by discussing Lincoln’s early years and concludes that he enjoyed a relatively healthy childhood. Though he was kicked in the head by a horse at age nine, Lincoln did not suffer any long-term effects from this injury. Schroeder-Lein discusses the two most prominent bouts with depression that Lincoln endured. The first was in 1835, following the death of Ann Rutledge, and the second during the winter of 1840–41. While Schroeder-Lein does not believe there is a definitive single explanation for the cause of this second episode, she is convinced that Lincoln “clearly suffered from depression or melancholy long before his marriage, as well as during it,” but regardless of what caused this condition, Lincoln seemed to have handled it well (5). Despite William H. Herndon’s claim that Lincoln contracted syphilis after visiting a prostitute, Schroeder-Lein does not believe there is sufficient evidence to support this assertion.
Notwithstanding the relatively short length of her work, Schroeder-Lein is comprehensive in covering a variety of medical issues related to Lincoln’s life. Lincoln’s health prior to and during his presidency, his visits to sick and wounded soldiers, support for sanitary fairs, interactions with both civilian and military medical personnel, and assassination are all discussed. While Lincoln took blue mass pills as a purgative, Schroeder-Lein is skeptical of the claim that he developed mercury poisoning as a consequence of this medication, for it is not clear how long he took the pills, how frequently he used them, when he stopped taking them, or the precise composition of them. Lincoln’s eating habits were irregular, and the long hours and stress of the job undoubtedly took a toll. He fainted from overwork, had malaria during the summer of 1861, and suffered from either varioioid (a mild form of smallpox) or perhaps full-blown smallpox at the end of 1863. Lincoln and the First Lady visited soldiers in hospitals, and the evidence suggests that both did so out of genuine concern and not solely out of desire to look good in the newspapers. Lincoln donated important autograph documents to sanitary fairs and, though he rarely left Washington, he attended sanitary fairs in Baltimore and Philadelphia. Schroeder-Lein defends the doctors who cared for Lincoln on the night of the assassination and points out that the gunshot wound was so severe that nothing at the time could have been done to save his life.

In addition to discussing Lincoln’s health, Schroeder-Lein provides detailed analysis of the various maladies that afflicted Mrs. Lincoln and their children. Young Eddie Lincoln probably died from tuberculosis in 1850, while Tad’s death in 1871 was most likely caused by the same illness or perhaps pleurisy. Willie survived scarlet fever in 1860, and both he and Tad had a bout with measles in 1861 and were ill at the same time in early 1862. Though Tad survived, Willie succumbed to the illness, and after considering the evidence, Schroeder-Lein believes it was typhoid fever or pneumonia that caused Willie’s death. Robert, the only Lincoln child to live to adulthood, suffered a variety of health issues, including eye problems, a bite by what was feared to be a rabid dog, and a nervous breakdown as an adult, but he managed to live a long life and died in 1926 at the age of eighty-three. Mary Lincoln dealt with migraines, was seriously injured in a carriage accident in July 1863, and took the deaths of her sons and husband very hard. Evidence indicates that she suffered a breakdown after Willie’s death, spent several weeks in bed following Lincoln’s assassination, and “fell apart” when Tad passed away (83). Much speculation centers on the mental health of Mrs. Lincoln, particularly
the circumstances of her 1875 insanity trial that resulted in her being committed to a sanitarium. Mary Lincoln’s spending habits and obsession with money, intense mourning behaviors, and other idiosyncrasies have led some to conclude that she suffered from bipolar disorder. Others have speculated that she became addicted to chloral hydrate and had a progressive spinal cord disorder that was caused by untreated diabetes. Schroeder-Lein concludes that Mrs. Lincoln had “various psychological and physical problems throughout her life,” and at least in 1875, “she was unable to resolve her difficulties without help” (86). Prior to her death from a stroke on July 16, 1882, Mary Lincoln spent the final months of her life shuttered in a darkened room, surrounded by “more than sixty trunks of silks and other hoarded items” (87).

In a revealing chapter titled “Lincoln and the Medical Bandwagon,” Schroeder-Lein discusses a variety of diseases and ailments that have been falsely attributed to the sixteenth president. Lincoln’s heroic stature is so great that some who suffer from a disease or seek to draw more public attention to a disease have attempted to associate it with Lincoln. For example, it was first suggested in the 1960s that Lincoln’s physical appearance and apparent decline in health during the Civil War was the result of Marfan syndrome, a connective tissue disease caused by a genetic mutation. Schroeder-Lein points out that there is insufficient evidence to support this diagnosis and no indication that anyone else in Lincoln’s family had this hereditary disease. Even though the Marfan syndrome theory has been discredited for many years, Schroeder-Lein notes that it still persists.

More recently, John G. Sotos has attributed Lincoln’s physical appearance, depression, constipation, and decline in health during his presidency, as well as the early deaths of three of his sons, to a single disease: multiple endocrine neoplasia type 2b (MEN2B). According to Sotos, Lincoln’s Marfanoid appearance, way of walking, alleged bumps on his lips, and other symptoms such as headaches, fainting, and cold hands were caused by cancers that resulted from MEN2B. Sotos was so determined to prove the veracity of his theory that he obtained DNA samples from private collections, including a piece of the bloodstained dress Laura Keene was wearing on the night of the assassination, and had them tested. The results did not indicate that Lincoln had MEN2B. And finally, though homosexuality is not a disease, Schroeder-Lein discusses the issue of Lincoln’s sexuality, since it is “one of the top medically related controversies of the past several decades in Lincoln studies” (49). James Kepner, Larry Kramer, and C. A. Tripp have made the case that Lincoln was gay, and Schroeder-Lein concludes that it is
“highly unlikely that Lincoln was a long-term practicing homosexual” (55). In reviewing the controversy, Schroeder-Lein notes that Tripp’s book manipulates the evidence to support his theory and does so at the expense of the historical context of Lincoln’s era.

Lincoln as Hero and Lincoln and Medicine indicate that curiosity about Lincoln is insatiable. Not only does Lincoln still enjoy a heroic stature that is without peer, but advances in science and medicine have further fueled the desire to know everything possible about him, including the composition of his DNA. Though the medical evidence is fragmentary, people have attributed and continue to attribute to Lincoln a host of diseases and ailments despite evidence to the contrary. Given this combination of inquisitiveness and scientific progress, one is naturally left wondering whether we will soon be reading about an attempt to extract genetic material from relics in order to clone Lincoln.