Review

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To publish yet another book about Abraham Lincoln’s assassination that is not merely a summary of known information and would appeal to the historically oriented buyer, requires a new angle. E. Lawrence Abel acknowledges this challenge and declares his emphasis in both the preface to and the subtitle of his new volume.

“Modern science” is the key to Abel’s interpretation. He “examines Lincoln’s life from a new behavioral sciences perspective,” claims John Wilkes Booth’s mind was inflamed by a degenerative disease,” demonstrates that “most historians still get wrong” where Booth stood to shoot Lincoln, determines what the first doctor to treat Lincoln did and did not do, examines whether medical treatment was the real cause of Lincoln’s death, questions whether Lincoln’s autopsy was the cause of the postembalming discoloration of his face, attempts “a political and social science perspective” on Radical Republicans and mourning for Lincoln, and, finally, looks at DNA analysis for both Lincoln and Booth (ix–x). In short, a number of different branches of modern science should be able to answer or provide useful perspectives on a variety of questions related to Lincoln’s assassination.

The first chapter proposes to use behavioral science theory to answer the common question “Why was Lincoln so reckless about his personal safety?” (2). The answer, according to Abel, is the shame and humiliation Lincoln suffered as a result of sneaking into Washington, D.C., in February 1861 because of a plot against his life in Baltimore. As a result, Lincoln allegedly needed to prove that he was not a coward, in part by frequent carelessness about his own personal safety, which peaked when Lincoln watched the attack by the Confederate forces of Jubal Early in July 1864 from a rather exposed position at Fort Stevens in the Washington defenses. Further, Lincoln’s need to prove that he was not a coward resulted from “a chronic fear of death that had plagued him since early childhood” (8). Such proposals, as well as the
litany of significant family members lost by Lincoln during his early life, have been discussed numerous times previously. Abel attempts, however, to use “terror management theory” as an “explanation for both Lincoln’s morbid fear of death and his unbridled ambition” (11). Lincoln allegedly risked his life to prove to himself that he was not afraid of death. In addition, his driving ambition was an attempt to provide a “symbolic immortality” for himself (13). It seems to this reviewer that Lincoln’s motivations cannot be proved by this theory any more than they have been proved by previous ones. The ultimate result, though, was that Lincoln was not properly protected when he went to Ford’s Theatre to see Our American Cousin on April 14, 1865. And that is the reason for this theoretical discussion.

After introducing Booth and his band and determining that the group was not part of a larger Confederate conspiracy, Abel turns to one of his major arguments—that Booth was suffering from syphilis. In 2000, Ralph Brooks had proposed, in a publication of the Surratt Society, that Booth had the disease, but Brooks’s evidence was based on the single symptom of hoarseness of Booth’s voice. Historians rejected the idea Abel now resurrects, listing thirteen traits of secondary syphilis that Booth allegedly displayed in 1864 and 1865. There does not seem to be any question that the handsome Booth had and took many opportunities for sexual adventures that could have exposed him to syphilis, but whether the list of symptoms from which Booth supposedly suffered is convincing must be addressed. Abel himself admits that some of these symptoms (hoarseness and jaundice, for example) could have causes other than syphilis. In addition, a single reported instance of something such as forgetting what year it was may not really indicate that Booth had memory loss (40). Dr. John Frederick May, who identified Booth’s body in part by a scar left by May’s removal of a tumor from Booth’s neck in 1863, was surprised by how freckled and yellowed Booth’s formerly white skin had become. The tumor, the freckles, and the jaundice are all symptoms of syphilis, according to Abel. He admits that Booth had been outside for two weeks while fleeing the law, but claims that, as a black-haired person, Booth should not have freckled as much as a blond or red-headed person; thus the syphilis was responsible for the freckles. The alleged jaundice, Abel admits, could also have been induced by alcohol, since Booth was known to be drinking a lot. However, the only evidence presented for jaundice is the yellowish tinge of Booth’s by no means freshly dead body.

On the day before the assassination Booth mentioned to two people in separate instances that he had a touch of pleurisy, another symptom of syphilis. In both cases he initially turned down an invitation
to go out for a drink that he subsequently accepted. This is the only evidence given for pleurisy. Is it enough? Did Booth really have it, was he merely speculating because he felt ill, or was it an excuse?

Abel gives examples of people commenting on Booth’s personality change in 1864. Where he was once allegedly sweet, helpful, and cheerful, Booth became vindictive, violently angry, and full of grandiose notions about himself even more extreme than his usual elevated self-esteem. Again, these prove to be symptoms of untreated syphilis. Abel believes that the whole constellation of symptoms (more than discussed here) is strong evidence. “Given he had all these syphilis-related symptoms, he either had the disease or some other disorder with the exact same symptomology” (42). While Booth was apparently a sexual adventurer, scanty evidence for about half of the symptoms Abel has associated with syphilis makes the case for Booth suffering from that disease possible but weaker. If Booth had syphilis, it allegedly contributed to a lack of the restraint that would have prevented a nondiseased person from taking such a fatally drastic action as shooting Lincoln.

The validity of any historical study depends on the quality of sources used. Unfortunately, at least some of Abel’s are deficient. Abel describes Booth’s actions on the day of the assassination. “After leaving Ford’s Theatre earlier that day, Booth had gone to the Kirkwood Hotel to talk to [Andrew] Johnson, expecting Johnson would agree to see him because he and Johnson had known one another when Johnson was the military governor of Tennessee. The two men, in fact, had kept two sisters as mistresses and had frequently been seen together” (53). That Andrew Johnson had a mistress and hung out with John Wilkes Booth is a shockingly scandalous statement—if true. Why does this information not appear in biographies of Johnson or studies of his impeachment? Has Abel found an important new source? Abel cites a book by Hamilton Gay Howard (whom Abel lists as Howard Hamilton in both his note and bibliography) titled *Civil War Echoes: Character Sketches and State Secrets*, published by Howard in 1907. Howard was the son of U.S. senator Jacob M. Howard of Michigan, a decided opponent of Johnson during the impeachment crisis. According to the younger Howard on page 84 of his volume (Abel cites page 83), he learned about Johnson’s companionship with Booth from his father the senator, who heard it from one of the impeachment managers from the House of Representatives, who heard it from a private detective. In other words, this was part of the dirt dug up by the president’s enemies to tarnish Johnson’s reputation during the impeachment trial, but it could not be substantiated. To treat as established fact this at best third-hand gossip indicates a problem with evaluating historical resources.
In addition, the errors in citing Howard’s name and page number are representative of the dozens if not hundreds of careless errors throughout the book, including wrong and misspelled names, errors of fact, omitted words, words that should have been deleted, and grammatical errors, all of which are too numerous to list individually or to excuse.

Some of the chapters are largely summaries of discussions found in other publications, and have neither new information nor scientific content. These include the overview of reactions to Lincoln’s assassination with mention of the memorial sermons preached by various clergy (chapter 11), a look at the alleged maneuvering of Secretary of War Edwin M. Stanton and the Radical Republicans to use all aspects of Lincoln’s death to their own political advantage (chapter 12), the account of Lincoln’s funerals in Washington, D.C., and elsewhere (chapters 13 and 14), and the attempt to steal Lincoln’s body as well as its repeated burials in his tomb in Springfield (chapter 15).

A few of Abel’s other topics are worth examination, however. He disagrees with the ballistics evidence presented by Dr. John Lattimer in his 1980 study *Lincoln and Kennedy*, as well as with evidence presented by other historians, that Booth was standing quite close to Lincoln when he fired the fatal shot. Because of the location of the presidential box in Ford’s Theatre, almost no one was in a position to see Booth, contributing to the confusion. Abel suggests Booth was really standing in the back of the box, holding the derringer in his left hand and a knife in his right. He believes the gun was in poor condition and Booth was a poor marksman who, in fact, was aiming at Lincoln’s heart. The recoil of firing caused the gun to jerk upward and the bullet to hit Lincoln’s head accidentally (64–67). This proposal raises some questions about how Booth would have determined the location of Lincoln’s heart through the solid back of the rocking chair the President was seated in. It seems impossible at this late date to determine whether Booth was aiming anywhere besides Lincoln’s head.

Much of the testimony about how the doctors treated the wounded Lincoln comes from accounts written by Dr. Charles A. Leale, the first doctor on the scene, and Dr. Charles Sabin Taft, who joined Leale in the presidential box soon after. The recent discovery of a second early account by Leale casts doubt on a few of the things that Leale said in his third, and most elaborate, account, written for the Lincoln centennial in 1909. Abel is so eager to prove Leale guilty of “false memory syndrome” (76–77) for his account of giving Lincoln a type of artificial respiration that had not yet been developed in 1865, that he judges some other actions of Leale unlikely too. For example, Abel thinks
that it is “conceivable” that Leale sent for a Nelaton probe but does not think that he sent for the surgeon general and a number of other doctors (81). In fact, because Leale was a recently degreed doctor (but more experienced than Abel gives him credit for), it makes perfect sense that he would send for the surgeon general, Lincoln’s family doctor, and D. Willard Bliss, the head of the Armory Square Hospital where Leale was employed. Given the large number of hospitals in Washington, there is no reason Bliss would have been invited to attend such a high-level patient if not for Leale.

Considerable attention is paid to the disturbing image of the “finger in Lincoln’s brain” and to who poked their fingers in and when. In the days before X-rays, fingers and probes were the only method of determining the location of a bullet, whether it could be removed, and whether there was other foreign matter in the wound. Doctors now know that such probing would be likely to introduce bacteria and cause infection, but germs were not discovered until several years after the Civil War. Abel rightly agrees that the probing doctors cannot be faulted for this lack of knowledge and that Lincoln died before infection could have developed, disputing charges by some recent authors that the doctors and germs actually killed Lincoln.

Only Lincoln’s head underwent an autopsy. His brain was removed and examined, but there is no indication whether it was returned. If so, it was no longer attached to blood vessels and thus would not have been embalmed. Abel suggests that brain decomposition could have been responsible for the embalming failure of Lincoln’s face that became increasingly evident throughout the rail journey and series of funerals on the way from Washington to Springfield. This is an interesting idea.

The book concludes with chapters discussing the reasons various researchers want to analyze the DNA of both Lincoln and Booth, as well as obstacles that stand in the way of getting a viable sample of either. In the case of Lincoln, researchers want to know whether he had Marfan syndrome; multiple endocrine neoplasia, type 2B; or any of a number of other ailments from which he allegedly suffered. While Abel would doubtless like to see Booth’s remains tested for syphilis, the main reason to analyze Booth’s DNA is to confirm that the body buried as Booth actually is Booth’s. This would finally end rumors that Booth escaped and lived in Oklahoma until his death in 1903.

Any book about Lincoln and his assassination is bound to have material that can be found in other sources. While a volume emphasizing a scientific perspective on Lincoln’s assassination is intriguing, this study disappoints because of its speculative nature and weakness in its historical foundation.