

The Stabbing of Lincoln's Secretary of State on the Night the President Was Shot

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The shooting of Abraham Lincoln, just 100 years ago, was not the work of an isolated fanatic, working alone. It was only one part of an organized plot by a group of dedicated enemy sympathizers who planned to kill not only the President, but also the vice-president and the secretary of state. By thus destroying the top leadership of the federal government, they hoped to create such disorder and confusion that the South would overturn its decision to surrender, made just five days before.

Thus, President Lyndon Johnson's worry about a larger plot, immediately after President Kennedy's shooting, was well-founded in his knowledge of the historical precedent.

Lincoln's vice-president, Andrew Johnson, was spared when his assigned assassin, George Atzerodt, who had no stomach for murder, went into an "oyster bay" [sic] to have a drink or two, drank himself into a state of confusion and rode off.¹

Lincoln's secretary of state, the patrician William H. Seward, whom Lincoln had narrowly defeated for the Republican nomination in 1860, was not as fortunate as Johnson. The assassin assigned to kill Secretary Seward was Lewis Payne, a brutish, backwoods type of young Confederate soldier, who had fought at Antietam and Chancellorsville, had been wounded at Gettysburg, and had lost his two brothers in the war (Fig 1). After recovering from his wound, he had deserted and was wandering the streets of Baltimore when he was recruited by Booth, whom he had met previously in Richmond, Va, after a theatrical performance, and whom he greatly admired.

As the fatal hour of 10:15 PM approached, Payne and a young drug clerk, Herold, rode into Lafay-

ette Square in front of the Seward house. Payne was apparently not intelligent enough to be trusted to locate his victim's house, nor indeed was he even able to find the escape route south over the Navy Yard Bridge out of Washington, DC, when the time came. Herold was therefore assigned to guide him to the target.

Payne tied his horse to a tree, mounted the low doorstep of the massive three-story residence on Madison Place, sometimes known as the "Clubhouse," and rang the bell. The door was opened by the Negro houseman, William H. Bell, who testified at Payne's trial as follows:

The bell rang and I went to the door and that man (Payne) came in. He had a little package in his hand; he said it was medicine for Mr. Seward from Dr. Verdi, and that he was sent by Dr. Verdi to direct Mr. Seward how to take it. He said he must go up.²

Capitalizing on the privileged status of his supposed package of medicine, Payne insisted that Bell lead him up the stairs to the third floor, to Mr. Seward's bedroom. On the third floor landing, Mr. Seward's middle son, Assistant Secretary of State Frederick Seward, intercepted him, saying that his father had just been composed for sleep and could not be disturbed. Here again, through sheer insistence, Payne persuaded Seward to look into his father's room to see if he was really asleep. By doing so, young Seward identified the room in which the victim was situated. When the son would not permit him to enter, Payne pretended to start down the stairs but, as young Seward testified at the later trial,

I was turning to go to my room when a noise behind me occasioned me to turn and look back. I found that he (Payne) had turned back and was at my side with a pistol at my head. I remember noticing the shape of the pistol, which was that of a Navy revolver. The next instant I heard a click of the lock, and then thought "Well, the pistol has missed fire."³

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1. Lewis Payne, ex-Confederate soldier and accomplice of Booth, who wounded Secretary Seward while attempting to kill him, and wounded four other men in the household before escaping. He was hanged, with Mrs. Surratt, Atzerodt, and Herold, after their trials.

Payne then raised the pistol and struck Seward at least two major blows on the head, once on the left parietal bone, which crushed the outer table, since osseous spicules were taken out, but the internal table, even if fractured, was not depressed, according to the family doctor, Dr. Verdi, in his 1865 description of the wound.⁴ There was a second wound on the left side of the frontal bone just about the line of intersection with the parietal. Young Seward did not lose consciousness for more than an hour but was unable to articulate, and then became comatose for the next several days, recovering so slowly that he was permitted to ride out of the house only after two months, and it was six months before he was able to resume his duties at the State Department. He wore a skull cap throughout the rest of his life to hide the depressed scar on his forehead. His older brother, Major Augustus Seward, stated that "After pieces of fractured skull were taken out, it left the covering of the brain open,"⁵ but this is a layman's statement, and not as likely to be accurate as that of Dr. Verdi, who stated clearly that the inner table of the skull even if fractured, was not depressed. On the other hand, in still another description of the wounds, made eight years later, Dr. Verdi stated that the brain was exposed in both wounds.⁶

Augustus Seward also stated that, "It was such a wound that I should have supposed could have been made with a knife, but the Surgeons seemed to think it was made by the hammer of a pistol." This would seem to indicate that there was a linear character to the wounds which suggested knife wounds, but it seems much more likely to the author, after examining the actual pistol at the Ford's Theatre Museum in Washington, DC, that Seward was struck by the edge of the long, narrow ramrod which runs under the barrel of this pistol and which is broken across in its sturdiest portion, as if by a severe blow. The ramrod probably dropped down and caught in one of the chambers so that the cylinder would not revolve for further shots. The rigid frame of the pistol made it suitable for striking (Fig 2). Certainly, the hammer of the pistol would have inflicted a more punctate, penetrating wound, which would have entered the skull deeply. Furthermore, Payne would have had to disengage his finger from the trigger guard and reverse the pistol in his hand in order to strike Seward with the hammer of the gun, which would have taken more time than seems to have transpired.

Despite these wounds, young Seward continued to grapple with Payne, past his sister's room, past his own room, and into the door of his father's room which was being opened by Seward's daughter and the male nurse, to see what the commotion was about.

Mr. Seward stated that his father was lying in a recumbent position, but about half raised by one of those frameworks which are made for the accommodation of the sick and mostly used in hospitals. His right arm had been broken (in a carriage accident nine days before) and he was lying on the right edge of the bed, as he lay on it. His object in lying there was to prevent his broken arm from coming in contact with the bed. The nurses were continually watching to see that he did not fall from the bed, as he insisted on lying just at the edge. In the room the gas was turned low but the gas in the hall was bright.³

Mr. Seward's male nurse, Pvt George T. Robinson, a convalescent wounded soldier from Maine, stated that as he opened the door,

I discovered the flash of a knife aimed at me, which I warded off to some extent, it striking me on the forehead and partially prostrating me on the floor. I have a scar in the edge of my hair from this. He [Payne] pushed the door wide open and then entered the room, making a bound for Mr. Seward's bed. Mr. Seward lay on the opposite side of the bed from the side which was next to the door where Payne entered. He got to the edge of the bed and, placing his hand on Mr. Seward's breast, struck at his neck with the knife which he had. After I was knocked partially down, I jumped to my feet as quickly as possible and, while I was doing that, Payne had struck two or three times at Mr. Seward without hitting him. Before I got to him, however, he had cut the right side of his face. I looked for something with which to strike Payne but saw nothing in the room that I could handle, large enough to be of any service. I then jumped on the bed with the intention of striking him, but when I got there his arm was already raised for another blow. I caught him round the arms from behind and, while I was doing that, he cut him on the left side of his neck. As he was coming off the bed

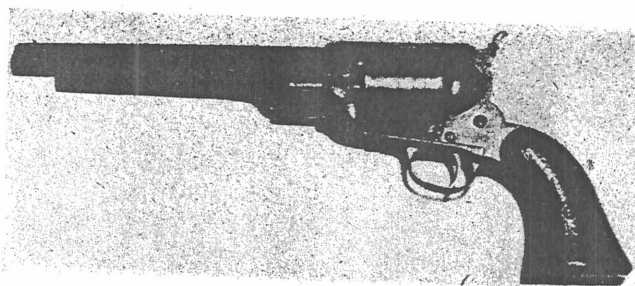
he reached the knife over his shoulder, I being behind him, and struck it into my shoulder to the bone, twice. We came off on the floor. He got his arm around my neck and struck me two or three times under the ear with the butt of his revolver, but he was in such a position that he could not hurt me. He then dropped that and took hold of me, and then took his knife to strike into my breast or bowels. While he was doing this we became clenched together, face to face. Before I got him to the door, another person clenched him from behind. The room was rather dark and I could not see who it was, so I kept quiet. I thought if he was a confederate he might be as likely to cut the wrong person as the right one. As soon as we got out into the hall where a bright jet of gas was burning, I recognized the person who had just come up as Major Seward. Payne, unclenching his hand from around my neck, struck me again, this time with his fist, knocking me down, and then broke away from Major Seward and ran downstairs. On his way down, on the first flight, he overtook Mr. Hansell, a messenger at the State Department, who had been roused by the noise and had apparently turned to go downstairs for help. He came within reach of him and struck him in the back [with the knife]. The revolver appeared to be a Whitney Navy revolver, and the knife was a long heavy one with a straight stiff handle on it, with a cross piece. I returned to Mr. Seward's room and found him lying on the floor on the opposite side of the bed, with a lot of bedding around. I undertook immediately to see if life was extinct. Feeling his wrist, I could not discover any pulsation at all. I pulled his clothes off and felt his heart; I found that it beat and replied that he was not dead. The Secretary then opened his eyes, looked up and said "I am not dead; send for a surgeon, send for the police, close the house." I found where the wound was and held my hand over it. He was bleeding profusely, and as soon as assistance came we put him to bed.⁷

The victim had not rolled out of bed until Robinson pulled Payne away from him, and since Payne had his hand on his breast, he could not have rolled out of bed even if he had desired to do so. Robinson continued,

I saw Payne strike as many as four or five blows, perhaps six. He seemed to strike with all the energy that he had. The first two or three times that he struck at him, he struck beyond him—the first time in particular. The Secretary at that time was lying in a half recumbent position. As Payne appeared and struck at him he exclaimed "Oh" and then seemed to go off into an insensible condition. I think only two of the blows struck him, one on each side of the face. I was there when the doctor examined the wounds and they appeared to be severe. I think his right cheek was cut clear through so that you could see into his mouth; I am not positive about it, for it bled so hard I could not tell. His cheek kind of slid down—hung only on the back part.

Major Augustus H. Seward, oldest son of the secretary, testified that he had retired to bed on the same floor, with the understanding that he was to be called about eleven o'clock to sit up with his father. He stated at the trial,

I was awakened by the screams of my sister, and jumped out of bed and ran into my father's room in my shirt and drawers. The gas in the room was turned down rather low and I saw what appeared to be two men, one trying to hold the other at the foot of my father's bed. I seized by the clothes on his breast the person who was held, supposing it was my father, delirious; but immediately on taking hold of him I knew from his size and strength that it was not my father. The thought then struck me that the nurse had become delirious sitting up there and was striking about the room at random. Knowing the delicate state of my father, I shoved the person of whom I had hold to the



2. Whitney Navy revolver with which Payne intended to shoot Seward. When the first chamber misfired, Payne struck Seward's son over the head with it, breaking the ramrod under the barrel. The two skull fractures of young Seward were inflicted with this weapon.

door, with the intention of getting him out of the room. While I was pushing him, he struck me five or six times on the forehead, on top of the head, and once on the left hand with what I supposed to be a bottle or decanter that he had seized from the table. During this time he repeated, in an intense but not strong voice, the words "I'm mad! I'm mad!" On reaching the hall he gave a sudden turn, sprang away from me and disappeared downstairs.⁵

Secretary Seward's wife, coming from her bedroom at the back of the third floor, had an indistinct view of Augustus, her son, and Payne struggling at the door of her husband's room, and supposed it was her husband with the knife. She got the impression that the whole occurrence consisted in her husband's being more than usually delirious, and that, in that condition, he had injured their other son Frederick.⁶

In her diary,⁸ Seward's daughter, Fanny, who was in the sick room, stated that her brother Fred and the assassin came through the door side by side, and wrote as follows:

In the hand nearest me was a pistol, in the right hand a knife. I ran beside him to the bed, imploring him to stop. I must have said, "Don't kill him." Father awakened, he says, hearing me speak the word "kill" and seeing first me speaking to someone whom he did not see, and then he raised himself and had one glimpse of the assassin's face bending over him and next felt the blows, and by their force, he being on the edge of the bed, was thrown to the floor. I have no remembrance of going around the foot of the bed to the other side but I remember standing there by the corner of the foot and thinking this must be a fearful dream. Then I looked about and saw first what I had seen before, I think, but more fully now—three men struggling beside the bed. I knew who they all were then. I could not tell the next day, that they were Fred and Robinson and the assassin. Next I saw all the familiar objects in the room, the bureau, the little stand, the book I had been reading, all looked natural. Then I knew it was not a dream. I remember pacing the room back and forth from end to end, screaming. My screams awakened Gus but I do not remember seeing him when he came in. Some vague idea of calling for assistance carried me into the hall. I think at that time the assassin and those struggling with him were by the door in father's room and that I had passed them as I went out. I remember mother and Anna [Frederick's wife] asking me what had happened and my saying, "Is that man gone." And they said, "What man?"

Here we encounter an interesting possible analogy to recent events, in the fact that Private Robinson testified at the trial that the assassin had

punched Anna out of the way as he came through the door, nearly punching her over him.

She saw him go to the bed and make a blow at her father. Then she hallooed "Murder" and ran out into the hall and cried out that there was someone trying to kill her father. She came back into the room and went to the window next to the avenue next to where the Provost Marshal's office then was—which I had shoved up some eight or ten inches and which she shoved clear up and hallooed the same out there.⁷

In her diary Fanny states, "I did not open any window and cry "Murder," as the report of Robinson's statement said, neither did I leave the room as then mentioned, but at the time I have stated. I remember running back crying out "Where's father?" seeing the empty bed. At the side I found what I thought was a pile of bedclothes—then I knew it was father. As I stood, my feet slipped in a great pool of blood. Margaret [one of the maids] says she heard me scream "Oh, my God, father's dead!" Robinson told me everything about staunching the blood with cloths and water. He applied them to the right side and I, kneeling on the bed on the left side, put them on the wound on that side of his neck. William had gone for Dr. Verdi, and he came and had ice applied to the wounds.

Fanny Seward's amnesia for many of the things that she was quoted by other witnesses as having said and done,⁸ during the moments when she saw her father and her brother being butchered before her eyes, brings to mind Mrs. Kennedy's amnesia for her actions in the horrible moments just after her husband was shot.⁹

Miss Seward's diary also tells us that her father was in bed because he had been injured nine days previously, when she and Fred had picked him up at his office and stopped at their door for her father's coat. The carriage door, not being tightly closed, kept flying open. The coachman was told to dismount and shut it. While he was doing so, the horses started. The coachman had the reins in his hand, and was swung by them some distance. Fred immediately jumped out, thinking to head the horses, but was thrown to the ground. The horses kept increasing their speed, and Mr. Seward, Sr., had some idea of being able to stop them and sprang from the carriage also, but his heel apparently caught and he was thrown heavily to the ground. The horses were stopped in an alley by a soldier. A crowd of men carried Seward to his bed, where he was found to have a fracture of the right humerus, between the shoulder and the elbow. Fanny stated:

He was so disfigured by bruises and his face was so swollen that he scarcely had a trace of resemblance to himself. His eyes were closed by immense swellings. The blood from his nose was almost suffocating him.

The surgeon-general, Dr. Barnes, and Dr. Norris, a medical officer attending officers of the regular Army there, and Dr. Verdi, the family physician, all attended him. Attempts to immobilize the jaw by bandaging were unsuccessful and, just the day before the stabbing, Dr. Norris had attempted to secure the fractured jaw by wiring one tooth to another.⁸ On that day Seward also had an attack of gout in the right foot, but this was considered a good thing, to divert a tendency to inflammation.

Seward's Wounds

As with the wound of President Lincoln, it is difficult to make a precise interpretation from the various available descriptions of the wound or wounds sustained by the secretary of state, by those who saw them (Fig 3). Private Robinson, who was the first to attempt to staunch the blood with his hand, described cuts on the right cheek and the left side of the neck.⁷ He said he thought the right cheek was cut clear through so that you see into his mouth, but admitted that he was not sure of this, which, indeed, was denied by medical observers later. In testifying at the first trial (of the conspirators), Private Robinson stated:

I saw him cut Mr. Seward twice that I am sure of; the first time he struck him on the right cheek and then he seemed to be cutting around his neck. I afterwards examined the wounds and found one cutting his face from the right cheek down to the neck and a cut on his neck which might have been made by the same blow, and another on the left side of the neck.¹⁰

The surgeon-general, Dr. Joseph K. Barnes, stated at the trial:

The Secretary was wounded in three places, by a gash in the right cheek passing around to the angle of the jaw, by a stab in the right neck and by a stab in the left side of the neck. He had recovered from the shock of the accident of ten days previous and was getting along very well. His right arm was broken close to the shoulder joint and his jaw was broken in two places; but the serious injury of the first accident was a concussion.¹¹

From this description alone, one might even wonder if there were three separate cuts.

The first physician on the scene, the family doctor T. S. Verdi, determined immediately that the wounds were not mortal.⁴ He said,

The carotid artery and jugular vein had not been divided or injured; the bash [sic] was semicircular, commencing just below the high bone of the cheek and extending downward toward the mouth, and then backward over the submaxillary gland, laying open the inflamed and swollen part of the face and neck that had been injured by his previous accident. On examining further, I found another stab, under the left ear, wounding the parotid gland; but this cut, however, was not very deep. Mr. Seward had lost much blood and I immediately applied ice to arrest the bleeding temporarily.

Eight years later, in another article, Dr. Verdi described only a single cut, crescentic and on the right cheek, some five inches long and two inches deep.⁶

Perhaps the most precise description of the wounds was made by the dentist, a self-made expert on the treatment of fractures of the lower jaw by interdental splints, Dr. Thomas Brian Gunning.^{12,13} Dr. Gunning stated:

Unsuccessful attempts had been made to hold the jaw in place by bandages and also with ligatures on the teeth, by the Surgeons first called into the case. On the fourteenth, the patient was attacked by an assassin and a cut inflicted which reached from under the zygoma to the left of the trachea. Attending Surgeon Basil Norris, USN [Dr. Norris was actually USA] informed me that the jaw was fractured on the right side between the bicuspid teeth and also in the ramus of the same side; that the jaw had been

bandaged against the upper gum [edentulous] but this proving insupportable to the patient, the bandages were removed. On examination I found discoloration caused by the accident still remaining on the right side of the face. A cut [inflicted in the attempted assassination] commenced under the zygoma, passed forward about three inches, then downward and backward an equal distance, to the lower border of the jaw, from whence it crossed over the front of the throat to the left of the trachea. On the skin, its first direction fell somewhat from a horizontal line, the second passed down at a little less than a right angle to the first, while the third went forward and downward. These three divisions, of nearly equal length, appeared to have been made by one sweep of the knife. Across the throat the wound was superficial, but above the border of the jaw it grew deeper as it split the cheek—the point of the knife making no entrance into the mouth, except so far as it may be considered to have done so by laying open the right fracture externally, the gum being already lacerated internally from the great displacement of the bone following upon the original injury. The knife was evidently aimed at the throat, but the head being thrown over, the cheek and jaw received the brunt of the blow. No arteries had been ligatured. The wound was neatly sewed up, and healing by first intention, except immediately under the fracture. The swelling and stiffness made the examination difficult, but the ramus proved to be uninjured. There was, however, a second fracture, but on the other side of the mouth, the jaw being fractured on both sides between the bicuspid. The [lower] jaw contained all the ten forward teeth. The right wisdom tooth and root of the left were all that remained back of the bicuspid. The part in front, containing eight teeth, was drawn down out of place, while the right back fragment with the wisdom tooth and second bicuspid was drawn up, showing its fractured end white and bare. The fracture was square across, vertical and smooth, and the parts were separated vertically over a quarter of an inch when at rest, sometimes more. On the left side, the first bicuspid fell forward and downward from the second, one quarter of an inch. This fracture passed forward somewhat in descending. Here the bone could not be seen, as the gum had separated from both teeth and lay swollen over it. Pus discharged profusely from both fractures. The gum was pale and flaccid, in keeping with the general condition of the patient. The upper jaw was entirely without teeth. Deeming it important to set the exposed bone in place as early as possible and also to give the patient time to recuperate—as he had already been subjected, during the morning, not only to a relation of the President's [Lincoln's] death, but to much that has been said and written upon the subject.

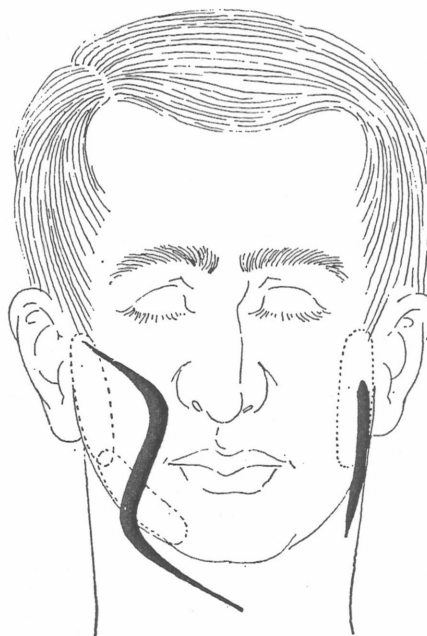
Since the patient's artificial teeth did not fit him well, Dr. Gunning decided not to try to use them as an interdental splint to which to fix the lower teeth, and proposed a new interdental splint, but this idea was rejected by the surgeons in charge, at the time.

Twelve days later, by April 28, the jaw had become more displaced and Gunning was recalled. He states:

I found the sensation of the right side of the forehead, face and lips deficient. The separation of the inferior dental nerve by the displacement of the bone and of branches of the facial nerve, by the knife, did not seem sufficient to account for it. There was also irregular motion in the right eye. The front of the jaw was lower and the right back fragment showed its alveolar to a greater extent. There were no indications of any tendency to union on either side. The fragments could be put precisely in place, no splinters or anything else intervening. There was little swelling, but great discharge of pus. Took wax impression of upper jaw and removed the tartar from the lower teeth. On April 29 I set the jaw, and held it in place by wire and

silk ligatures. Took a wax impression of the teeth and gum and obtained the bite directly from the teeth. The patient felt much relieved as the ligatures held the front of the jaw well up. Tried in a gutta-percha splint, arranged the wings in it, removed it carefully from the mouth, placed the upper and lower casts and female screws in it, and set them in a vulcanizing flask.

Although the front of the jaw containing the eight forward teeth was greatly displaced (before the setting), the silk and wire ligatures held well until May 2 when they were removed and the splint applied. It was of hard vulcanized rubber, covered the roof of the mouth and adjacent gum, enclosed all the lower teeth, and went down over the gum on the outside somewhat. The opening in front was seven-eighths of an inch wide, half an inch high in the center, the wings preventing any more room sideways as they were set clear of the commissure of the lips. To have given any more room in the height, by depressing the lower jaw, would have made it very difficult to prevent the saliva from overflowing at the lips. Upon putting in the



3. Locations of the stab wounds of Secretary Seward, from the descriptions of witnesses. The long cut on the right cheek was inflicted as he looked upward and to his left. It exposed the nine-day-old fracture of his right lower jaw.

splint, the breathing was spasmodic for several minutes but this soon passed off, and I screwed it fast to the lower teeth. They held it against the upper gum for the first night, but after that a cap [on the head] with adjuncts, was worn to support the splint. The upper wings [supporting rods connected to the cap on the head] only were used, as the lower jaw was held up in the splint by screws passing into the lower canine. After giving the excellent Army nurses, who were in attendance upon the patient, full directions for keeping the splint clean in the mouth and properly balanced by the cap which I had fitted to the head, I left Washington May 3.

While talking was very difficult and frustrating at first, through the opening in the mouth, the patient was able to talk freely and was much encouraged when I saw him on May 8. Saliva accumulated several times in the cheek, probably from the severed Steno's [Stenson's] duct, but

had been let out by lancing externally. By June 11 the left side of the jaw was well united but the right still ununited, although the wound under it was nearly closed, the last of several pieces of bone having been removed around the first of June.

This splint had held the jaw firm for 68 days and, while the left side was united, the right fracture was still ununited, which did not surprise Dr. Gunning since the bone had been exposed to so much during the twenty-four days which elapsed before he had been permitted to set it. The saliva from the right parotid gland had discharged through the fracture from a short time after the attack. Gunning felt that these unfavorable circumstances, with the enfeebled condition from loss of blood, had been followed by necrosis of the ends of the bone on that side, and, indeed, several pieces had come away externally during the first six weeks, as well as a long piece from along the inside of the jaw on the left side. Dr. Gunning removed the necrosed alveolar of the second bicuspid in June, but left the tooth in, as it appeared to have healthy connections with the lower parts of its socket. The other teeth had grown firm. The external appearances indicated that the saliva followed the course taken by the point of the knife. By July 9, Stenson's duct proved to be completely closed. Gunning could not pass the smallest probe into it, and the saliva discharged entirely through the ununited fracture on the right side. A second splint was inserted and worn from July 9 to Aug 4, and another one until October 1865.

Dr. Gunning stated:

In a letter to me of March 29 1866, the patient says: "The whole jaw moves quite well and firmly. Thus at last I begin to regard my cure in that respect as complete." I have not seen him myself since October 1865, therefore cannot speak of it by personal observation.

Protective Collar

Much has been written about the fact that Secretary Seward was wearing some type of iron frame or a collar made of leather and iron, which stopped the plunging point of the knife from entering the thorax, first on the right and then on the left. While many of Seward's biographers¹⁴⁻¹⁶ state that this collar was in some way connected with the apparatus to repair his broken jaw, the contemporary medical witnesses mention only bandages and wires to the teeth as being used for the jaw. Van Doren¹⁷ mentions the fact that the collar was used to keep the head from nodding, and this seems far more logical and in keeping with the events described. It seems to this author that a padded and stiffened collar might well have been used to immobilize the secretary's slender neck, which must have sustained a severe wrench when his head and shoulders struck the ground forcibly enough to fracture the jaw in two places, as well as break the shoulder and give him a brain concussion. His neck was certainly not sturdy, as indicated in his photographs.

While none of the first-hand witnesses speak

about a collar, either in their testimony at the trial of the conspirators, or at the trial of Surratt two years later, it is certainly true that all of the wounds described stopped their downward courses at a level which would have conformed to the upper border of a supportive cervical collar. This lends credence to the theory that a collar stopped the point of the knife, and is in keeping with Robinson's description of the assassin cutting around the neck after his first stab.

It is apparent, from studying the diagrams and testimony about the house, that the door through which the assassin entered must have been in the same wall against which the head of the bed rested. The secretary was on the far side of the bed, dangling his right arm over the edge, so that the assassin must have knelt across the bed to lean over the huddled figure, propped up on a backrest, and difficult to discern clearly in the darkened room, after he had entered from the brightly lighted hallway. It also seems apparent that the secretary must have turned his head sharply towards his left and looked upward at the assassin at the same moment, so that the point of the knife, striking from above downward, as described by Robinson, picked up the sagging flesh of his right cheek as it stretched upward, grazing and laying open the bone of his broken jaw just at the point of fracture, and then coming downward and forward across his neck towards the left side. This would be towards the assassin, as he pulled the knife towards himself. Whether the assassin then struck him once more, making only a small second wound over the parotid gland and left side of the neck,¹⁸ or whether the left-sided wound was merely a continuation of the original single sweeping wound,¹² cannot be determined. Whether the "superficial cuts across the throat" were a continuation of the right-sided wound, or additional¹¹ cuts made in attempts to get inside the collar, also cannot be determined from the testimony. The fact that Stenson's duct was cut by the knife seems likely, and the saliva from the cut duct appears to have discharged through the external wound, which now compounded the fracture to the outside, which had also been compounded into the mouth at the time of the carriage accident.

If the protective collar had been severely cut by any strokes of the knife which it had halted, it is surprising that this was not mentioned in any of the contemporary accounts of the stabbing. Seward's daughter spoke specifically of the fact that the bed clothing had been cut severely by several stabs of the knife which had obviously missed her father. In the dim light, no doubt, the assassin mistook the frame upon which the secretary was propped for his victim. In fact, Private Robinson stated that Payne struck beyond the Secretary with the first blow in particular. A bed sheet exhibiting cuts from the knife is among the memorabilia at the Seward Household Museum in Auburn, NY.¹⁹

The Weapons

The knife used by Payne for the stabbings was a very large bowie knife with a straight stiff handle and a cross guard of heavy German silver (Fig 4). The pommel was of silver or German silver, embossed with an alligator and decorative scroll work which glittered in the light.²⁰ Payne had enlisted with a Florida regiment, where the alligator motif was popular. It was made by the Garrick works of Sheffield, England, and bears on its blade inscriptions typical of the day ("Real Life Defender" and "The Hunter's Companion"). Only faintly discernible are the words "General Taylor Never Surrenders" (General Taylor had been the hero of the Seminole wars in Florida). Knives of this type were popular imports from England into the South, both before and during the Civil War. A number of similar ones have been recovered from the wreck of the blockade runner "Modern Greece" which was sunk off Fort Fisher in 1862.²¹ The point is not now as sharp as the rest of the blade, which is still extremely sharp. The balance of the grip is made of two pieces of horn, riveted to the sides of the metal handle.

The pistol was a Whitney Navy revolver with a rigid frame, which made it more suitable for striking than the less rigid Colt revolvers of the day. The blow inflicted by Payne upon the skull of young Seward broke the ramrod in the thick portion, which enters the cylinder. This undoubtedly prevented the cylinder from revolving, preventing further attempts to fire the pistol. During the scuffle in Seward's bedroom, the ramrod and the pin holding the cylinder in place were apparently dislodged and the cylinder fell out. Fanny Seward described Private Robinson's search on the floor for the priming, because he was afraid that if someone stepped on the percussion caps, mischief would be done. She stated that he *did* find the priming, indicating that some of the other chambers would have fired if Payne had continued to cock the weapon and pull the trigger, instead of using the pistol as a club, after the first chamber misfired.

It is amazing that the powerful Confederate ex-soldier, armed with a revolver and a knife, failed to kill any of the five people whom he attacked by frontal assault, whereas Booth, acting with stealth and cunning, succeeded with a single-shot Derringer.

While all three of the male members of the Seward family recovered from their wounds, as did Mr. Hansell and Private Robinson, still further consequences of this horrendous night befell the two ladies of the Seward family. Mrs. Seward became ill with palpitation on the night of the stabbing, suffered another heart attack and died two months later. Fanny Seward never recovered from the horrors she went through, declined slowly, with a steadily worsening cough, and died 18 months after the awful experience of seeing three members of her family so brutally attacked.

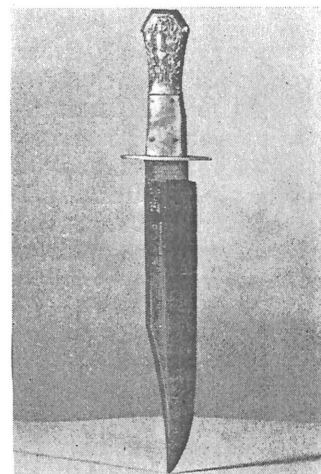
Dr. Verdi's statement²² that he thrust his un-

sterile fingers into Hansell's wound to see if the lung had been penetrated, gives the modern reader the same startled sensation as when he reads of the doctor's probing into Lincoln's brain with unsterile fingers, in a vain effort to reach the pistol ball.²³ It is hard to realize that these men did not know that bacterial contamination causes disastrous infection.

Summary

The attempted assassination of Secretary of State Seward was part of a larger plot to kill President Lincoln, Vice-President Johnson, Secretary Seward, and perhaps others. Seward's attacker, Lewis Payne, was a powerful ex-Confederate soldier, who got into the house by saying that he had a packet of medicine and instructions which he must give to the patient personally.

He located his victim's room by asking if the son would look in the door to see if Seward was asleep or not.



4. The bowie knife with which Payne stabbed Seward and cut Seward's son, the male nurse, and the State Department messenger. It is of English manufacture, of the type being sent in great quantities to the Confederacy by blockade runners.

The first several stabs missed the victim, probably because of the darkened room and the fact that he was propped on a frame.

The major stab wound was a zigzag slash below the right cheek bone, which went downward and forward about three inches, then backward and downward three inches and then forward again, exposing the fracture of the jaw on the right side which had been incurred in a fall from his carriage nine days before. There were superficial cuts around the neck, and a moderate cut in the left side of the neck, into the parotid gland. The right cheek hung backwards and downward in a loose flap, and Stenson's duct was severed, causing a salivary fistula out through the external wound. Whether these cuts were all one long slash or the effects of several separate stabs, one on each side of the neck and one as the assassin cut around the neck, cannot be determined from the evidence at hand.

The cuts stop at a level consistent with the top of any leather and iron collar which the patient

may have been wearing to keep his neck from wobbling. It seems entirely possible that this collar stopped the point of the knife from plunging down into the thorax, where it might have killed the patient. No major vessels were cut, and the trachea was not entered.

Secretary Seward was wearing the collar because his jaw had been broken between the bicuspids on each side, and was compounded into the mouth, during a fall from his carriage due to a runaway of the horses nine days previously. His right humerus had also been fractured just below the shoulder, causing him to lie on the edge of the bed farthest away from the door, so that his injured arm would not come in contact with the bed. The collar, his distance from the door and the darkness of the room probably saved his life.

His wounds were sutured by Army surgeon Basil Norris, who also attempted to wire Seward's teeth together after it was determined that bandages to compress the broken jaw against his edentulous upper jaw were too painful. Wiring of the teeth was not successful in maintaining good position and, after several weeks, a self-made dentist, Dr. Thomas Brian Gunning of New York, rewired the teeth and made an interdental splint which occupied most of his mouth and into which the remaining teeth of his lower jaw were affixed in alignment. A hole through the center of the interdental splint permitted the patient to take food, talk, and swallow saliva. Rods held the splint to a cap affixed to his head. It was five months before he was able to chew with the jaw, but he had a good result in the long run. The salivary fistula persisted for many months, and accumulations of saliva under

the skin had to be incised on several occasions. Stenson's duct apparently eventually closed off by scar tissue.

Seward's second son, whose skull was fractured by Payne's pistol as he attempted to keep him out of his father's room, and Seward's oldest son, Maj Augustus Seward, who was cut on the head and on the hand as he wrestled Payne out of the room, both recovered. Army nurse Private Robinson, who was stabbed three times over the scapula and once on the forehead as he grappled with Payne to prevent him stabbing the Secretary further, also recovered, as did Mr. Hansell, the State Department messenger who was stabbed in the back, but outside the lower ribs, by Payne, who overtook him as the two ran down the stairs after the attack on Seward. Seward's wife's death from a series of heart attacks was apparently hastened by the excitement of the attempted assassination, and Seward's daughter, Fanny, who was in the room at the time, declined rapidly from that point on and died 18 months later from a progressive cough and possibly typhoid.

The often quoted legend that the collar around Seward's neck was used to hold his broken jaw in place is not borne out, either by evidence or by analysis of the reasons for such a collar. It seems likely any such collar would have been used to keep his neck, which must have been severely twisted, from wobbling or flexing. Fanny Seward's admitted inability to remember exactly what she did during the butchery of her father and brothers, provides a striking parallel for the acute amnesia of Mrs. Kennedy for her actions immediately after the late President Kennedy was shot.

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