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April 14, 1865 was a mercilessly long night. As President Abraham Lincoln lay dying in Petersen’s House across the street from Ford’s Theatre, **STEPHEN H. CRANE, MD**, cradled his head. The Newport-born Crane, 40, was a career Army officer and executive assistant to **SURGEON GENERAL JOSEPH K. BARNES**.

The two had been hastily summoned to the president’s bedside where they joined Lincoln’s personal physician, Dr. Robert King Stone, and three Army physicians who had rushed to Lincoln’s aid after being shot by John Wilkes Booth during a performance of “Our American Cousin.”

The president’s son, Capt. Robert Lincoln, soon arrived with John Hay, Hermann Faber, a civil war medical artist on duty that night, illustrated the death room scene for posterity once the President’s body was removed. Dr. Barnes later approved it for accuracy. It shows Dr. Crane, distinctive by his long, flowing beard, supporting the head of the president.

In his account Taft noted, “about 30 minutes after he was placed upon the bed [approximately 11:15 p.m.], discoloration from effusion began in the internal canthus of the right eye, which became rapidly discolored and swollen with great protrusion of the eye. About 11:30 p.m. twitching of the facial muscles of the left side set in and continued some 15 or 20 minutes. Sinapisms over such a position as to facilitate the discharge, and in keeping the orifice free from coagulum. Col. Crane, Surgeon, U.S.A., had charge of the head during a great part of the time.”
the entire anterior surface of the body were ordered, together with artificial heat to the extremities.”

At 2 a.m. Surgeon General Barnes investigated the wound with “an ordinary silver probe,” standard procedure prior to the discovery of X-rays. According to archival reports at the National Library of Medicine, the probe “met an obstruction at a depth of about three inches.” Barnes determined it was a plug of bone lodged in the path of the ball. “He then introduced a long, Nelaton probe that passed into the track of the wound two inches beyond the plug of bone and struck what he believed was the bullet.”

Taft wrote no further attempt was made to explore the wound. “After the cessation of the bleeding from the wound, the respiration was stertorous up until the last breath, which was drawn at 21 minutes and 55 seconds past seven; the heart did not cease to beat until 22 minutes and 10 seconds past seven. My hand was upon the heart and my eye on the watch of the Surgeon General, who was standing by my side, with his finger on the carotid.”

The president’s body was then transported by carriage to the White House, where a post-mortem was conducted. The results showed the ball was lodged in the anterior lobe of the cerebrum, immediately behind the right orbit. It dropped out during the autopsy.

A year after the assassination, Crane, a graduate of Harvard Medical School, was promoted to Assistant Surgeon General under Barnes. He succeeded him in 1882, but died after a short illness on October 10, 1883.

On October 11, the New York Times reported in his obituary: “Dr. Crane was 58 years of age, tall, large of frame, and wore a full iron-gray beard. He was born in Rhode Island [at Fort Woolcott on Goat Island, to its commanding officer, Col. Ichabod Crane] but was appointed to the Army from Massachusetts on February 14, 1848. After several promotions, he was, on March 13, 1865, made Brevet Brigadier-General for meritorious services during the War of the Rebellion, and on July 28, 1866 was promoted to be Colonel and Assistant Surgeon-General.”

The obituary noted Crane was selected as Surgeon General partially at the behest of Secretary of War Robert Lincoln, the president’s eldest son, in appreciation for Crane’s efforts “attending President Lincoln when he was shot by Booth.”

Secretary Lincoln served as one of the pallbearers at Crane’s funeral. His body was returned by train to Rhode Island, and then buried in Shelter Island, New York, in the family plot of his wife.