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Systemic Septicemia Overwhelms Late Nineteenth Century Non-Lethal Abdominal Gun Shot Wounds (GSW): President James A. Garfield (1831-1881) & Vincent Van Gogh (1853-1890)

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Abstract

U.S. President James A. Garfield (1831-1881) was a well-known and accomplished federal government servant who became the Twentieth President of the United States. Unfortunately, his presidency was interrupted by an assassin's bullet six months after assuming the highest office in the land. Although the assassination attempt failed, it was sepsis that sealed his fate, not the assassin's bullet. On September 19, 1881, after a seventy-nine-day battle to survive a non-lethal gunshot wound, President Garfield succumbed to septicemia which was caused by flagrant medical incompetence and hubris. Vincent van Gogh (1853-1890), now the most widely recognized and iconic artist, was an unknown artist at the time of his untimely death which occurred less than a decade later after President Garfield's demise. Although President Garfield and Vincent van Gogh traveled significantly different pathways in their lives, the common thread that united them was their survivable GSW to their abdomens. This clinical scenario included bad medical wound management, motivation, and hubris which resulted in their deaths due to overwhelming systemic septicemia. President Garfield's demise was the result of medical malfeasance and malpractice from all medical perspectives as understood from his medical history and detailed four-hour autopsy. Unsterilized multiple medical hands and unsterilized probing medical instruments facilitated the introduction of pathogens into the President's body. In contrast, the septicemia associated with van Gogh's death was the result of an acute infection due to the presence of an intra-abdominal bullet without an exit wound. The digital probing of van Gogh's abdominal wound was conducted by Dr. Paul Gachet who harbored questionable motives against the artist. Nothing was mentioned if Dr. Gachet observed sterile procedures while digitally examining Vincent's abdominal wound. Moreover, Dr. Gachet has been implicated by The Killing Vincent Project as a person of interest [1]. Did Dr. Gachet purposely facilitate Vincent van Gogh's rapid demise to acquire Van Gogh's, then unknown master artworks, for his collection while serving as the impetus to form the nucleus of the Gachet clandestine art forgery ring to copy these masterpieces? This question remains unanswered.

Keywords: Assassination; Autopsy; Antisepsis Machine; Gunshot Wound (GSW); Induction Balance; Systemic Septicemia

Abbreviations: NMHM: National Museum of Health and Medicine; AMM: Army Medical Museum; GSW: Gunshot Wound.

The Autopsy of President James A. Garfield (1831-1881)

The autopsy conducted on the embalmed body of President James A Garfield took four hours to complete. The physician who conducted the autopsy was Dr. D.S. Lamb of the Army Medical Museum, now renamed The National Museum of Health and Medicine (NMHM) in Washington, D.C. Additional physicians present at the autopsy included a local doctor and six of President Garfield's originally attending team of physicians. The results of President Garfield's autopsy were considered surprising, especially to those attending physicians who took care of him [2].

With two abdominal incisions, the story of their medical malfeasance began to unfold graphically and tragically. Originally, the abdomen was opened with one long vertical incision, and then it was followed by a transverse cut. Via these two incisions, the track of the bullet was located. The assassin, Charles Guiteau (1841-1882), shot the President twice. The first shot lodged in his right arm. The second shot was then directed posteriorly to the right side of his back. Originally, the bullet entered President Garfield's body from the right side, but in its trajectory, it hit the eleventh and twelve ribs. This caused the bullet to be deflected from its original pathway of entry. The lead bullet came to rest on the left side of President Garfield's body. There was no exit wound. After traversing the first lumbar vertebrae and the surrounding connective tissue, it traveled forward and downward below the pancreas where it ultimately came to rest and was safely encysted. Therefore, the question: what caused the clinical circumstances whereby a seemingly good prognosis changed rapidly and resulted in the physical decline, and ultimate death of the Twentieth President of the United States? [2].

Why did President Garfield die so painfully and suffer for seventy-nine days from a non-lethal abdominal GSW [2]?

All twelve physicians caring for President Garfield did not observe the sterilization techniques advocated by Dr. Joseph Lister (1827-1912). Sixteen years before President Garfield's assassination, Dr. Lister advocated the liberal use of carbolic acid (phenol) as a disinfectant in the operating rooms, for the sterilization of surgical instruments, wound cleaning, and pre and post operative cleanliness of the physician's hands [2]. The implementation of the Antisepsis Machine significantly reduced postoperative infections and patient mortality rates. In the UK and Europe, Dr. Lister's Antisepsis Machine gained significant support among the medical community. In contrast, the US physicians resisted the Antisepsis Machine as a method of sterilization. It was perceived as too time consuming, and therefore unnecessary. Second, Alexander Graham Bell (1847-1922) developed the Induction Balance, designed to locate the presence of a bullet in the human body [2]. The Chief Presidential Physician, Dr. Willard Bliss, permitted Mr. Bell to apply the Induction Balance only on the right side of the body which made no sense to limit a non- invasive technology. Dr. Bliss should have followed the bullet's path at autopsy to correlate with premortem clinical expectations. Critically, it was the lack of sterilization techniques among all twelve physicians caring for President Garfield, via unclean hands and unsterilized probing instruments, that facilitated the introduction of germs into the President's body. These actions, by today's standards, set the clinical scenario for the real killer, sepsis, to overwhelm and form pus accumulations to occur in so many strategic places in the President's body. This clinical scenario was a textbook case for utilizing antiseptic Listerian methodology [2,3].

The diagnosis of President Garfield's autopsy was Systemic Septicemia with these findings based upon the following sources: Army Medical Museum (AMM) 1881 and Candice Millard 2011 [2].

There were multiple abscesses throughout the President's body that were in the following body parts:

- Below his right ear,
- Middle of his back,
- Across his shoulders,
- Near his left kidney,
- Bilateral infection-induced pneumonia in both the left and right lungs,
- Liver abscess that measured ½ foot in diameter,
- Splenic artery contained a rent that was nearly 4/10th inch long [3],
- The final death blow was a hemorrhage in the abdominal cavity that contained the accumulation of one pint of coagulated blood causing considerable pain and death [2,4].

President James A. Garfield – Summary

President James A. Garfield lived for seventy-nine days after his survivable abdominal GSW and failed assassination attempt (July 2, 1881- September 19, 1881).

His initial wounds were survivable. If the proper sterilization techniques had been implemented immediately for his care, he would have lived to resume the Office of the

Presidency of The United States. [5].
Cause of Death - Systemic Septicemia

Exhumation and Removal of the Remains of Vincent Van Gogh

The examination of the remains of Vincent van Gogh occurred in 1907 some seventeen years after his death. Van Gogh's non-medical examination, like his life, was mired in controversy. No details of his exhumation have ever been made available or any information as to whether a bullet was ever found nor the caliber of the bullet. What happened on July 27, 1890, when Vincent van Gogh sustained either a GSW or knife wound to his abdomen is still contentiously debated in Killing Vincent 2018 [1,6].

When Vincent van Gogh was first seen by Dr. Gachet on the evening of July 27, 1890, the abdominal bullet wound without an exit wound was unlikely lethal since Vincent walked back to the inn where he was staying, from wherever he was wounded, climbed seventeen steps, got himself into his bed and asked for his pipe. He should not have died from his wound had he been taken directly to Paris, some seventeen miles to Val de Grace Military Hospital staffed with former Franco-Prussian war experienced surgeons and possessed with full knowledge of Dr. Joseph Lister's antiseptic techniques. Vincent should have lived and survived this non-lethal GSW.

It was Dr. Gachet's professional opinion that the trajectory of the gunshot wound, where the bullet may have finally come to rest, was in fact too close to the spinal cord and great vessels to be safely removed surgically or for van Gogh to be safely moved to Paris for a state-of-the art antiseptic surgical care.

Presumably, Dr. Gachet digitally probed Van Gogh's wound. Nothing was mentioned about any precautions he took in keeping a germ-free environment, for example, by simply washing his hands. Dr. Gachet was a homeopathic physician. We do not know if he applied the homeopathic protocol for cleanliness, or if he purposely avoided antisepsis.

There are also notable unanswered questions and misunderstandings regarding the Van Gogh exhumation and disinterment of 1907. This was clearly not an autopsy, but just fulfilling the request of Vincent's younger brother Theo's wife, Johanna van Gogh-Bonger, to put the two loving brothers to rest side-by-side. There were not a dozen pathologists to examine the remains of a decomposed and unembalmed body that had been in repose for seventeen years. There was not even one pathological examination. It should be noted that Dr. Gachet and his son, Paul Jr., were the only two witnesses to the disinterment proceedings performed by the local gravedigger. Throughout the course of this family event, the bullet was never found [1]. Killing Vincent has suggested that the Gachet-father-son team murdered van Gogh. This viewpoint is supported by forensic analysis which has shown that it was extremely unlikely that Vincent shot himself in the belly (of all places to commit suicide). He died a terrible death suffering a thirty-hour ordeal. If a bullet was present among his exhumed remains, it would have been likely that the Gachets would have discarded the bullet. If no bullet was ever found (or likely to be found), the wound described and the absence of any powder burns around the wound would just as likely support the Knife Wound Theory as the Gun-Bullet Theory [1]. Furthermore, the alleged gun found in the region where Vincent was thought to have been shot was bent and dysfunctional and could not have been dropped in a place as last used. It was not serviceable and therefore not the gun used to kill Vincent! [7].

What then, would resolve this 130-year-old cold case mystery? Would it be plausible to exhume van Gogh's remains (with legal permission) looking for the bullet, if it existed, and to finally identify the murder weapon?

Conclusions

Vincent Van Gogh

Vincent van Gogh lived for thirty hours after presumably being shot.

His abdominal bullet wound was survivable. There was no exit wound.

Cause of Death - Systemic Septicemia

Discussion

The Comparative GSW Analyses of President James A. Garfield (1831-1881) and Post-Impressionist Artist, Vincent Van Gogh (1853-1890), and Their Deaths

The common thread uniting the deaths of President James A. Garfield and Post-Impressionist artist, Vincent van Gogh, were similar non-fatal GSW to the abdomen succumbing to fatal Systemic Septicemia.

In the case of President James A. Garfield, bacteria were introduced into his body via multiple unsanitary digital probes and their exploratory unsterilized medical instruments used by his twelve attending physicians. Moreover, the team of twelve physicians caring for President Garfield ascribed to the Miasma Theory of Disease which stated that disease was caused by "bad air."

This still prevalent medieval concept of abiogenesis among American physicians at that time was deeply entrenched in their psyches, and therefore, contributed to the death of President James A. Garfield. This American medical group denied the existence of bacteria, only because bacteria were unseen by the human eye [2].

It has been clinically demonstrated that early intervention for septicemia with proper sterilization techniques as advocated by Dr. Joseph Lister (1827-1912) improved the chances of patient survival [2]. If President Garfield had received proper early treatment with the carbolic acid (phenol) sprayer, his prognosis for survival would have been excellent. Moreover, American surgeon, Dr. George E. Goodfellow (1855-1910), performed the first successful laparotomy on July 13, 1881 in Tombstone, Arizona [8]. His patient's abdominal wounds were very similar to President Garfield's. His patient's full recovery was attributed to the utilization of Dr. Lister's sterilization techniques [8]. Moreover, the roles of those two lifestyles and prognosis for recovery from such a significant life-threatening challenge were considered. President Garfield had the medical advantage, not only was he a physically strong man, a frontiersman who engaged in intense manual labor, but he also had no vices. Unlike Van Gogh, he was neither an alcoholic, nor a heavy smoker; those lifestyle activities would have negatively contributed towards his survivability [2].

Vincent van Gogh suffered and died from Systemic Septicemia on July 29, 1890. In contrast to President Garfield, Vincent van Gogh was not a vigorous frontiersman brimming with good health. Instead, his body was wracked with multiple disorders which have engaged the attention of many doctors since, trying to definitively diagnose his many physical and mental ailments. Vincent van Gogh clearly abused his body with his lifestyle excesses, smoking, drinking absinthe, poor hygiene, bad teeth, and a nutritionally imbalanced diet [9-11]. He abused his body physically, physiologically, and mentally [10]. None of these abuses, however, were the primary reasons for his demise. Rather, it was the multiple digital probes for the bullet that resulted in his rapid death spiral, due to the systemic blood borne spread of several sources of bacterial pathogens [11,2].

Lastly, would James Garfield have become a great and revered President had his twelve attending physicians followed Dr. Lister's sterilization protocols? We will never know! However, we can surmise if Dr. Gachet did not (purposely) digitally explore Vincent's wound with unclean hands, Vincent possibly would have gone on to produce even greater art masterpieces.

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