

*For Sylvia Magher
J.H.*

President Kennedy's Adrenals

John Nichols, MD

While the late President Kennedy held public office, an aura of mystery prevailed regarding his endocrine status. During his campaign for, and brief tenure of, the presidency, rumors circulated that he suffered from chronic adrenocortical insufficiency (Addison's disease). Credence was given to these rumors by failure of his attending physicians to deny the allegations. Since his death, speculation continues partially related to failure of federal officials to release pertinent data.^{1,2} This is in marked contrast to the intimate details of President Eisenhower's several illnesses which were given wide dissemination in various news media. The moral and ethical issues were carefully considered by Lt Gen L. D. Heaton and his associates³ when they concluded the world had a right to know of the medical details of President Eisenhower's operation for regional enteritis. President Eisenhower agreed with this. This writer also agrees that the public is entitled to knowledge of the health of their chief executive and candidates for this office. Details of the final illnesses of other presidents who died or were assassinated while in office have been disclosed and extensively discussed in medical journals.

It may be argued that a breach of physician-patient relationship would result if physicians, with direct professional knowledge of President Kennedy's illness, made public comment without consent. Witness the furor which arose from Lord Moran's disclosure⁴ of Churchill's clinical condition. However, none of the foregoing considerations would apply if any other person (physician or lay) drew conclusions from previously published data.

Known Published Facts

In a discussion on management of adrenocortical insufficiency during surgery, Nicholas et al⁵ in 1955 reported three cases—the third, a man aged 37 whose Addison's disease was stated to be well controlled for seven years. After extensive endocrine study, lumbosacral and sacro-iliac fusion was performed in the Hospital for Special Surgery in the Cornell University Medical College Complex on Oct 21, 1954. The patient returned four months later for removal of the metal plate.

On Oct 11, 1954, in a 1½-inch column on page 39, the *New York*

From the Department of Pathology, University of Kansas Medical Center, Kansas City.
Reprint requests to University of Kansas Medical Center, Rainbow Blvd at 39th St, Kansas City, Kan 66103 (Dr. Nichols).

J. F. Kennedy Needs Surgery
Senator John F. Kennedy, Democrat of Massachusetts, disclosed last night that he would enter the Hospital for Special Surgery here today for a spinal operation to clear up a wartime injury. He said he expected to be in hospital, at 321 East Forty-second Street, about six weeks.

October 11, 1954

KENNEDY SURGERY TODAY
Bay State Senator Will Be Treated for Spine Injury
Senator John F. Kennedy, Democrat of Massachusetts, is scheduled to undergo surgery today in the Hospital for Special Surgery, 321 East Forty-second Street. He had suffered a spinal injury in action in the Solomon Islands when his PT boat was cut in two by a Japanese destroyer. Senator Kennedy underwent surgery in 1945, but his condition has progressively worsened, requiring him to use crutches. The new operation has been postponed three times in the last ten days for a series of medical tests. It is believed that Mr. Kennedy will be hospitalized for two months and will be able to return to Washington some time in February.

October 21, 1954

KENNEDY QUILTS HOSPITAL
Massachusetts Senator Flies to Florida to Recuperate
Senator John F. Kennedy, Democrat of Massachusetts, walked out of the Hospital for Special Surgery yesterday. Later he, his wife and his brother, Edward, a Harvard student, left Teterboro, N. J. Airport by private plane for Miami Beach. The Senator will convalesce there. A hospital bulletin said: "His condition is good and it is hoped that he will return to Washington at the end of March." Senator Kennedy underwent a spinal operation last October at the hospital for an injury received in action in the Navy in World War II. He went to Florida shortly before Christmas and reentered the hospital on Feb. 10. The next day a metal plate that was said to be slowing his recovery was removed.

February 26, 1955

New York Times report of President Kennedy's surgery. (Copyrighted 1954, 1955 by the New York Times Company. Reprinted by permission.)

Times reported that Senator John F. Kennedy entered the Hospital for Special Surgery for a spinal operation. Later, this same newspaper, in a 3½-inch column on page 17, announced that Senator Kennedy was operated on Oct 21, 1954. Again, four months later, Feb 26, 1955, the *Times* revealed that Senator Kennedy walked out of the hospital, having had a plate removed 15 days previously (Figure).

Comment

These facts were independently documented by the two separate disciplines of medicine and journalism prior to his candidacy for the presidency of the United States. It is most unlikely that two persons with the same age and clinical history of the late President would have undergone similar surgery in the same hospital on the same day and returned on exactly the same time four months later for removal of the plates. If so, Nicholas et al would have illustrated their paper with four cases instead of three. This writer believes the case cited by Nicholas et al is that of the late President and he accepts their clinical diagnosis of Addison's disease.

The diagnosis of Addison's disease could have been firmly established at autopsy and perhaps the

etiology determined. However, the autopsy protocol is curiously silent on this point as well as on details of the pituitary, of his vertebral column, and sacroiliac joints. The silence on these points may be due to (a) accidental or intentional failure to search and observe, or (b) suppression of autopsy findings and existing clinical records by relatives or federal officials or both. These conditions would not have prevailed if the autopsy had been done in the jurisdiction where death occurred. In any circumstance, the clinical diagnosis of Addison's disease may be strongly presumed by continued silence by the attending physicians, officials of the hospital, or others with direct knowledge.

The most unfortunate aspect is concealment of the diagnosis. Addison's disease, formerly fatal, is an honorable disease and is not a disease to be concealed. It has no stigmata to be avoided. Patients with Addison's disease can now be maintained under perfect control, whereas diabetes still may follow an erratic, hazardous, and fulminating course even with the best of medical therapy. The fact that President Kennedy was continuously engaged in strenuous mental and physical activity, tolerated extensive surgical trauma, and became father of four children, all without decrease in life expectancy, is noteworthy.

References

1. Humes, J.J.; Boswell, J.T.; and Finck, P.A.: *Autopsy Report and Supplemental Report* (Commission Exhibit No. 387), The President's Commission on the Assassination of President Kennedy Report, US Government Printing Office, 1964, pp 538-545.
2. Official Autopsy Report on President Kennedy, LETTERS, editorial comment, *JAMA* 192:63 (April 5) 1965.
3. Heaton, L.D., et al: President Eisenhower's Operation for

Regional Enteritis: A Footnote to History, *Ann Surg* 159:661-666 (May) 1964.

4. Professional Secrecy, editorial, *Brit Med J* 1:1313-1314 (May 28) 1966.

5. Nicholas, A., et al: Management of Adrenocortical Insufficiency During Surgery, *Arch Surg* 71:737-742 (Nov) 1955.