

DOCTOR ANALYZES KENNEDY AILMENT

N.Y. Times

Believes Addison's Disease,
Never Disclosed, Posed
Risk for '54 Surgery

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By JANE E. BRODY

A pathologist from Kansas has concluded that President Kennedy had Addison's disease, although vigorous attempts were made by his physicians, family and friends—apparently for political reasons—not to describe his illness by that name.

Writing in the current issue of The Journal of the American Medical Association, the pathologist, Dr. John Nichols of the University of Kansas Medical Center, said he based his conclusion on a technical article that appeared in the November, 1955, issue of The Archives of Surgery.

The 1955 article described a 37-year-old man with Addison's disease who underwent spinal surgery on Oct. 21, 1954, at the Hospital for Special Surgery in Manhattan to alleviate severe pain caused by a back injury.

Ethical Reasons Given

The leading author of the 1955 article, Dr. James A. Nicholas of New York, declined to comment yesterday when asked if the patient described was Mr. Kennedy.

Dr. Nicholas, who is an associate in orthopedic surgery at the Hospital for Special Surgery, cited ethical reasons for his refusal.

However, Mr. Kennedy, then Senator from Massachusetts, had disclosed on Oct. 10, 1954, that he would enter the Hospital for Special Surgery for a spinal operation to correct a condition caused by an injury received in World War II. It was later announced that surgery was scheduled for Oct. 21.

No mention was made at the time that the operation would be complicated by Addison's disease.

A Deficiency of Hormones

Addison's disease is a chronic insufficiency of hormone production from the outer layer, or cortex, of the adrenal glands. In about 70 per cent of the cases, the cause of this insufficiency is not known. Since the advent of cortisone in the late nineteen-forties, the disease has become relatively simple to manage and has an excellent prognosis.

A rumor that Mr. Kennedy suffered from Addison's disease was circulated during the summer of 1960, before his nomination as the Democratic candidate for the Presidency.

Supporters of then Senator Lyndon B. Johnson, Mr. Kennedy's closest rival for the nomination, were nettled by references to Mr. Johnson's 1955 heart attack and came back with a statement that Senator Kennedy had Addison's disease.

The Senator's brother Robert emphatically denied the rumor, stating that "Senator Kennedy does not now nor has he ever had an ailment described clas-

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sically as Addison's disease, which is a tuberculous destruction of the adrenal glands."

He acknowledged that the Senator "had, in the postwar period, some adrenal insufficiency," but emphasized that "this is not in any way a dangerous condition and it is possible that even this might have been corrected over the years."

In addition, Robert Kennedy released a medical report signed by Drs. Eugene J. Cohen and Janet Travell, both of New York, that stated:

"With respect to the old problem of adrenal insufficiency, as late as December, 1958, when you had a general checkup with a specific test of adrenal function, the results showed that your adrenal glands do function."

However, medical sources who had been close to the late President said in interviews that Mr. Kennedy had taken regular oral doses of synthetic cortical hormones until his death.

James McGregor Burns, in his book "John F. Kennedy—A Political Profile," published in 1960, said that "while Senator Kennedy's general insufficiency might well be diagnosed by some doctors as a mild case of Addison's disease, it was not diagnosed as the classic type of Addison's disease, which is due to tuberculosis."

'Fully Controlled'

Mr. Kennedy's condition, Mr. Burns said, "can be fully controlled by medication taken by mouth and requires a routine endocrinologic checkup as part of regular physical examinations once or twice a year."

The subject was treated in still another book—"A Thousand Days," written by Arthur M. Schlesinger Jr. and published in 1965. Mr. Schlesinger said Mr. Kennedy's adrenal insufficiency "presented no serious problem."

"During these years [the late 1940's and early 1950's], except when his back stopped him, he lived, between politics and athletics, a life of marked and exuberant physical activity," he said.

However, Dr. Nicholas, author of The Archives of Surgery article, said in an inter-

view that in the mid-1950's surgery performed on a person with Addison's disease presented a tremendous risk.

"Surgery requires maximum efficiency of the adrenal gland," he explained, to prevent what he called an "Addisonian crisis"—a condition of shock, massive lowering of the blood pressure, and tremendous loss of salt and water that could lead to death because the patient would have insufficient adrenal hormones to cope with the stress of surgery.

Although cortisone was in use in the mid-1950's, doctors

had very little experience with replacing the large amounts of adrenal hormones needed to withstand the trauma of surgery. Today, however, experience in advanced replacement therapy has greatly reduced the risk of surgery in persons with Addison's disease.

In his description of spinal surgery on the 37-year-old man with Addison's disease (pre-

sumably, Mr. Kennedy), Dr. Nicholas said he and his colleagues had prepared for an "Addisonian crisis" that did not develop.

He pointed out that "because of the severe degree of trauma involved in these operations and because of the patient's adrenocortical insufficiency due to Addison's disease, it was deemed dangerous to proceed with these operations."

Would Be Incapacitated

"However, since this young man would become incapacitated without surgical intervention it was decided reluctantly to perform the operation," the doctor said.

"Though the magnitude of his surgery was great, and though complications ensued postoperatively, this patient had a smooth postoperative course insofar as no Addisonian crisis ever developed."

Following his spinal surgery in 1954, Mr. Kennedy is known to have suffered from a severe staphylococcus infection—so serious that last rites were given.

According to Dr. Nicholas, infection is another hazard of surgery in a victim of Addison's disease because both adrenal insufficiency and treatment with cortisone tend to reduce a person's ability to fight infections.

In linking Dr. Nicholas's patient with Mr. Kennedy, Dr. Nichols deplored the fact that no mention was made of President Kennedy's adrenal condition in the autopsy report.

"The diagnosis of Addison's disease could have been firmly established at autopsy and perhaps etiology [cause] determined," Dr. Nichols wrote. "However, the autopsy protocol is curiously silent on this point. The silence . . . 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."

According to a spokesman for the American Medical Association, Dr. Nichols's article was reviewed by The Journal's board of editors, all of whom are physicians, as well as by an outside consultant familiar with the late President's medical history. All passed it as worthy of publication, the spokesman said.

Senator Robert F. Kennedy, Democrat of New York, and Senator Edward M. Kennedy, Democrat of Massachusetts, the late President's two surviving brothers, declined to comment on the article.