

Ronald Reagan Presidential Library Digital Library Collections

This is a PDF of a folder from our textual collections.

Collection: Roberts, John G.: Files

Folder Title: JGR/President's Health

(1 of 5)

Box: 43

To see more digitized collections visit:

<https://reaganlibrary.gov/archives/digital-library>

To see all Ronald Reagan Presidential Library inventories visit:

<https://reaganlibrary.gov/document-collection>

Contact a reference archivist at: reagan.library@nara.gov

Citation Guidelines: <https://reaganlibrary.gov/citing>

National Archives Catalogue: <https://catalog.archives.gov/>

THE WHITE HOUSE

WASHINGTON

March 22, 1985

MEMORANDUM FOR FRED F. FIELDING

FROM: JOHN G. ROBERTS 

SUBJECT: Presidential Health Reports

In response to your inquiry concerning Presidential health reports, I examined the United States Code and Code of Federal Regulations, the Public Papers of the Presidents from the Eisenhower Administration to the present, and the assorted volumes on the Presidency in the library. I also conducted a media search and discussed the issue with Professor Meador and, at Professor Meador's suggestion, Dr. Kenneth Crispell of the University of Virginia Medical School. What I was able to learn is best characterized as diverting rather than illuminating.

I have found no law specifically concerning Presidential health records. To the extent the records are White House documents and retained in the White House, they would not be subject to the Freedom of Information Act (FOIA). Kissinger v. Reporters Committee for Freedom of the Press, 445 U.S. 136, 156 (1980). If the records cannot be characterized as White House documents, the question of their disclosure in response to a FOIA request would turn on the applicability of 5 U.S.C. § 552(b)(6). Exemption (b)(6) exempts from disclosure "personnel and medical files and similar files the disclosure of which would constitute a clearly unwarranted invasion of personal privacy." Courts have interpreted the exemption as requiring courts to balance the personal privacy interest against the public interest in disclosure; how a court would rule with respect to any particular Presidential medical record would depend, of course, on the particular circumstances.

Dr. Crispell has authored a soon-to-be-published book on the health of Presidents. According to Crispell, secrecy has been the rule with respect to an incumbent's medical state, at least until the Eisenhower Administration. In fact, some White Houses pursued an active policy of disinformation, and in some cases (e.g., Kennedy) the refusal to disclose medical information persists long after the individual's death. President Cleveland's physician baldly lied about Cleveland's operation for cancer (which took place on a yacht for added secrecy); an elaborate conspiracy kept the details of Wilson's debilitating stroke from the public and Congress. Crispell considers the most successful cover-up to have been that of President Kennedy's Addison's disease.

Episodic medical reports of considerable detail were prompted by Eisenhower's heart attack and Johnson's similar attack and celebrated surgery. A student of Presidential illness wrote (in 1977) that "probably no President's illnesses were as fully and graphically described as those of Dwight Eisenhower." Riccards, "The Presidency: In Sickness and in Health," 7 Presidential Studies Quarterly 215, 227. After his coronary Eisenhower himself instructed his aides to "Tell the truth, the whole truth; don't try to conceal anything." Extensive and detailed information was provided on Eisenhower's health problems, but only as the problems arose -- not on a regular basis. Eisenhower's medical reporting did not establish a precedent because it was associated with specific medical crises. Indeed, Eisenhower's successor actively concealed his Addison's disease and his use of steroids.

All avowed Presidential and Vice Presidential candidates released medical records in 1976, probably because of the Eagleton imbroglio in 1972. President Ford was the first incumbent to release all the details of his routine physical, in January of 1976, despite the objection of long-time White House physician Dr. William Lukash. According to U.S. News & World Report, Lukash feared Ford's disclosure would harm the confidential patient-physician relationship and create a "bad precedent."

The issue is hotly debated, but it is still considered a violation of medical ethics, according to the AMA Judicial Council, for a physician to discuss the health of a public figure patient with the press without the patient's consent. The Council has urged public figures to release the details of their health, however, and has stated that physicians should encourage their public figure patients to do so. Several commentators have gone so far as to call for medical disclosure laws similar to financial disclosure laws, and even an independent board of medical examiners to provide an "objective" assessment of the health of candidates and officials.

In short, there is no law on the subject, and any "precedent" in favor of detailed disclosure is of only recent origin. Lukash's fear in 1976 was well-founded, however, and any refusal to release the details of routine examinations would now likely be interpreted as a "cover-up." The Eisenhower and Johnson precedents also suggest the need for full disclosure with respect to major medical episodes. The precedent with respect to non-routine testing or more minor problems is less clear, however, and I for one am not certain what public interest was advanced, for example, by the publicity surrounding President Carter's hemorrhoids.

file -
Pres
Health

- Pres Docs
- books (library)
- newspaper stories

extent of release required

- precedents?
- material available

IKE heart attack, Sept 20 1955

"Tall the truth, the whole truth; don't try to
conceal anything." Andrew, 272

✓ FOIA?

Walt: segmentation of JFK records 128

UBJ: electrocardiogram in wallet
now 169

173 Siley: public attempt on wallet health
from doctor

same story: Siley on wall (why left message)

~~Dist~~

1. *eximilis* *telant*
2. *eximilis*, *ford*
3. *this*
4. *conventus* (*deulme*, *itpelt*)

1. Law : none
2. FOIA : exemption ; w. H. exemption (b)(6) (S. Ct. case)
↑
3. POTUS statements
4. Precedent
 - Criswell
 - books
 - docs
 - written report (Cris on the matter)
 - Eisenhower
 - JFK sequestered (antagonist report)
 - Carter's Memoranda

Criswell:

hush-hush until IKE

(Carter's bulletin when IKE sick)

Physicians became politicized

JFK biggest cover-up : false statement re: Adlai's disease

Congress tell public about health

FOIA 28 times politicized

→ nothing on regular basis, until LBJ; Nixon for sure
Carter had it
patient-physician confidentiality ↓
no disease

Reagan's Health: How Issue Emerged

M400

By ALEX S. JONES A130

Why did the issue of President Reagan's fitness for office because of his age and health vault into headlines this week?

Mr. Reagan, at 73 years of age, is the oldest United States President, and his age has been an issue since before he took office. But only since his debate with Walter F. Mondale Sunday night has the issue been dealt with at length this year by newspapers and television reporters.

The questions led the Reagan campaign yesterday to release details of last spring's medical report that found Mr. Reagan to be in good health. One of the President's physicians said yesterday, "Mr. Reagan is a mentally alert, robust man who appears younger than his stated age."

The President's performance in the debate, which even his aides described as "tentative," seems to have been the catalyst for the emergence of the issue. But an article in the Tuesday issue of The Wall Street Journal, as well as the aggressive efforts of some Democratic officeholders and members of the Democratic campaign staff, also seem to have played a large role.

Importance of Journal Article

"The Journal article was an important element in making the age element an issue," said John Chancellor, senior commentator for NBC News, but House Speaker Thomas P. O'Neill Jr., Representative Tony Coelho of California and other Democrats "were already starting to push it before the Journal article appeared."

The Journal devoted its main article Tuesday to what it termed the "fitness issue." The headline said, "Reagan Debate Performance Invites Open Speculation on His Ability to Serve."

The article examined the available information regarding the President's health and included a comment from a specialist in aging as saying it was important to keep an eye out for signs of senility in a man of Mr. Reagan's age.

In his column on the Op-Ed Page of The Washington Post the same day, David S. Broder said the President's performance in the debate would "let the age issue emerge as it had not done in any of his previous campaigns," and he referred to the difference in appearance between Mr. Reagan and Mr. Mondale as a "startling contrast."

Initial Link Is Not Made

After, Following the Sunday debate, virtually all news organizations devoted time to a review of the performances of both the President and Mr. Mondale, but the focus had been on who had won and why. While the President's aides acknowledged that his performance had been tentative, the link had generally not been made publicly between the performance and the politically volatile issue of the President's

age and fitness to hold office.

But not for want of effort by some members of the Democratic campaign staff, and especially by Mr. Coelho, who is chairman of the Democratic Congressional Campaign Committee.

After the debate, Mr. Coelho spoke freely with reporters about the age issue. He continued to do so the next morning on the Mondale campaign plane as it flew from Louisville, Ky., where the debate took place, to Washington.

"Reagan showed his age," Mr. Coelho said. "The age issue is in the campaign now and people like me can talk about it, even if Mondale can't."

On the CBS News broadcast Monday night, Bob Schieffer, a correspondent who was on the Mondale plane that morning, described the Mondale staff as "tap dancing down the aisles" because of the President's performance in the debate and mentioned that Mr. Coelho was discussing the age issue at length with reporters.

The Journal's lengthy article on the President's health and age and Mr. Broder's column appeared the next morning.

On Tuesday morning, Mr. O'Neill, who is 15 months younger than Mr. Reagan, said that age had become a factor in the campaign. Mr. O'Neill has said he will retire following his next term if he is re-elected.

On Tuesday evening, all three networks addressed the age issue on their evening news broadcasts. CBS and ABC treated the President's fitness in

news reports and, on NBC, John Chancellor touched upon it in a commentary. All mentioned the Wall Street Journal story.

On Wednesday morning, The Washington Post, The Philadelphia Inquirer and USA Today carried front page stories addressing the issue and The New York Times published a column on its Op-Ed page by James Reston on the subject.

Also on Wednesday, reporters for the first time after the debate pressed Mr. Reagan for comment on the age issue and his debate performance, and Mr. Reagan responded by saying that Mr. Mondale appeared younger because he had been wearing more make-up.

According to James M. Perry, one of the reporters who wrote the Journal's article, the issue was important before the debate.

Mr. Perry said that the article had been prepared for the most part before the debate. He said that he had been assigned the piece about two months ago as part of the Journal's package of campaign coverage, but that it was only in the last two weeks that they had worked on it. He added that the beginning of the article had been rewritten to reflect the controversy created by the President's debate performance.

The story was not originally assigned because of any specific incident, Mr. Perry said, but because Mr. Reagan is the oldest President. He described the convergence of the story's preparation and the President's debate performance as "propitious."

10/9/84

President's Age and Debate Performance Dominate Campaign to Reagan's Dismay

By JANE MAYER and ELLEN HUME
Staff Reporters of THE WALL STREET JOURNAL

WARREN, Mich.—Last Sunday's debate and the issue of Ronald Reagan's age continue to dominate the presidential campaign, to the dismay of President Reagan and his supporters and the delight of Walter Mondale and the Democrats.

The White House, nettled by suggestions that the 73-year-old president seemed faltering and unsure during the Louisville, Ky., debate, made public a doctor's report on his health.

The two-page report was a more detailed version of one the White House issued last May 18, describing the president as "a mentally alert, robust man who appears younger than his stated age." It said he suffers some loss of hearing in his right ear and a contracting tendon in his left hand, and mentioned a benign polyp in his colon.

The report didn't address the president's

mental health. But yesterday his personal physician, Dr. Daniel Ruge, pronounced the president in "excellent health" and said there was "no need for a mental test, his mental health is good." Dr. Ruge conceded, however, that by the end of the debate "I think he (Mr. Reagan) was tired. Everybody was tired."

Issue of Makeup

Mr. Reagan himself said of the debate, "I wasn't tired. And in regard to the age issue and everything, if I had as much makeup on as he (Mr. Mondale) did, I'd have looked younger too."

Mr. Mondale, who is 56, pounced on Mr. Reagan's remark. At a rally in Pittsburgh's Market Square, he told a crowd estimated at 8,000 that "This morning the president said the problem in the debate was makeup. That's the same answer Nixon gave when he debated Kennedy." Mr. Mondale added, "This is a brand new race. From now on, everything is wide open."

Mondale aides studiously avoid talking about the age issue, preferring to let the media pursue it. While clearly delighted that the issue has arisen, they say Mr. Mondale has instructed them not to discuss it, even off the record, for fear of appearing ungracious.

Mr. Reagan tried to score political points yesterday by exploiting what Mr. Mondale says was a slip of the tongue during the debate. Speaking at Macomb Community College here, the president accused Mr. Mondale of planning not one but two major tax increases by favoring the "repeal" of tax indexing.

"On Sunday night," Mr. Reagan said, "my opponent admitted that once his first huge tax hike was approved, he would go for still more tax increases. Let me quote him. He said, 'As soon as we get the economy on sound ground as well, I would like to see the total repeal of indexing.'"

Mr. Mondale said yesterday, "I did not speak accurately" when he mentioned repeal. "I did not use the right words." Under the 1981 tax law, indexing to account for inflation is to go into effect next Jan. 1. Mr. Mondale has proposed limiting indexing for families with annual incomes of more than \$25,000.

Mondale Gains

Polls continue to show Mr. Mondale gaining strength after the debate. CBS-TV reported last night that Mr. Mondale had picked up six points since the debate, although he remains 20 points behind the president.

Mr. Mondale also met yesterday in New York with Israeli Prime Minister Shimon Peres. At a news conference afterward, Mr. Peres said the former vice president is "an old and good friend" and Mr. Mondale charged that the Reagan administration's Middle East policies have made "no progress at all."

Reagan Called 'Alert' in May 18 Medical Report

White House Releases Details of Examination

By GEORGE SKELTON,
Times Staff Writer

M400
A130

WARREN, Mich.—Striving to keep President Reagan's age from becoming a major campaign issue, White House officials Wednesday released a medical report quoting an examining physician as saying that the 73-year-old President is "mentally alert" and "robust."

The report disclosed nothing substantially new about Reagan's health and was based on a physical examination conducted last May 18 at Bethesda Naval Medical Center.

But the sudden release of the report is politically significant because it comes at a time when Democratic critics are questioning whether the President, based on his debate performance with Walter F. Mondale Sunday night, is too old to serve a second term.

'Appears Younger'

According to the medical report released by the White House, the physician who supervised the examination, Capt. W. W. Karney, stated that "Mr. Reagan is a mentally alert, robust man who appears younger than his stated age" and is in good physical health.

A brief summary of the report had been released when Reagan underwent the examination. But what the White House described as complete details were made public Wednesday after journalists traveling with the President requested the information.

Meanwhile, Reagan returned to the political offensive for the first time in several days, charging in a speech at a Ukrainian cultural center here that Mondale "has made a career out of weakening America's armed forces."

Campaign spokesman James H. Lake said Reagan's strategists have decided to begin attacking

Mondale on the foreign policy and defense issues that will dominate the candidates' second debate Oct. 21. And, to substantiate the President's charges, he read to reporters a long list of votes against military spending that the Democratic nominee cast during the 12 years he served in the Senate.

Reagan, during a brief press conference conducted as he left the White House Wednesday morning, told reporters that, "when President Carter in his last two years felt that he should start redressing the military imbalance, (Vice President) Mondale advised against it."

And, in his address to the Ukrainian community, Reagan said, "If my opponent had had his way, there would never have been a (space) shuttle program. He led the fight against starting the shuttle program. He would have spent the money beefing up the bureaucracy in Washington, D.C."

'Repeal of Indexing'

The President also asserted in an address to community college students here that his opponent disclosed during their debate that he has a "two-part tax plan: raise taxes and raise 'em again."

Reagan was referring to Mondale's comment that he favored "total repeal of indexing" of the income tax once the nation's economy is sound. But Mondale told reporters Wednesday in New York that he had misstated his position during the debate and meant to say that he is in favor of full implementation of indexing once the federal deficit is under control.

White House spokesman Larry Speakes said: "There's a long way between repeal and implementation. Mondale ought to know the difference."

Indexing, which prevents taxpayers from being bumped into higher brackets merely because they receive cost-of-living wage increases, is scheduled to take effect Jan. 1. Under Mondale's tax increase plan, indexing would be reduced for taxpayers earning \$30,000 to \$60,000 and postponed for those earning more than \$60,000.

Reagan hammered Mondale on the defense and tax issues at three Michigan campaign stops, using hard-hitting language that he

failed to employ during the nationally televised debate witnessed by an estimated two-thirds of the American electorate.

But a new campaign issue stemming from the debate—Reagan's age and its potential effect on his stamina during a second term—continued to dog him. The President accused his Democratic critics of a "kind of desperate reaching for something" in questioning whether he is too old for the job.

Despite what he and his aides have acknowledged to be a disappointing performance during the debate—his answers often were hesitant and sometimes he seemed to lose his train of thought—Reagan insisted to reporters: "I wasn't tired."

He added: "If I had as much makeup on as he (Mondale) did, I'd have looked younger too. . . . I never did wear it. I didn't wear it when I was in pictures."

Used Makeup for TV

(Reagan did use makeup on television, according to veteran makeup artist Howard Smit, who worked with him on programs including "General Electric Theater." Smit said it was basically an issue of "balance" before the bright lights of television.)

Frank Westmore, the head of the makeup department for Warner Bros. during Reagan's years as a contract player for the studio, died in 1970, but his brother, Percy, one of seven makeup artists in the Westmore family, said that he worked with Reagan and Ginger Rogers on the 1951 film "Storm Warning" and that Reagan did not wear makeup then. Like many male stars of the era, he said, Reagan would "sit out in the sun and work on his tan" during production to avoid the need for artificial skin toning.)

The President's version of how he felt Sunday night during the 100-minute debate was contradicted later by his personal physician, Dr. Daniel Ruge, who travels with him constantly. "I think he was tired. Everybody was tired," Ruge told reporters.

Ruge, however, said Reagan's health is "excellent." And, when journalists asked whether he would authorize release of the President's full medical report, the physician agreed.

Text of a Medical Statement From Physician to President

Special to The New York Times

A130

WARREN, Mich., Oct. 10 — Following is the text of a statement issued today by Dr. Daniel Ruge, physician to President Reagan, on a medical report of May 18:

The President's physical examination was done at the Naval Medical Center, National Region, on May 18, 1984. During the prior two weeks some laboratory studies were done, and the results are included in this report.

Capt. W. W. Karney, who supervised the examination and did a portion of the examination, stated that, "Mr. Reagan is a mentally alert, robust man who appears younger than his stated age." Auditory acuity of the right ear was diminished. There was contraction of one of the flexor tendons of the left hand (Dupuytren's). The remainder of the general physical examination was normal.

Ophthalmological examination confirms the myopia for which he wears contact lenses.

An extensive urologic examination done on April 1, 1982, was within normal range. A limited examination performed on May 18, 1984, confirmed the previous studies.

Sigmoidoscopic examination revealed diverticula noted in a prior physical exam and a four-millimeter polyp. The final diagnosis on the polyp was inflammatory fibroid polyp, which requires no further treatment.

Three successive hemo-occult studies of feces were negative for occult blood.

Three successive urine cytology specimens were negative for malignant cells.

Chest X-rays revealed old pleural scarring with evidence of resolution since a previous study dated Oct. 29, 1981. This is a residual of the event of March 30, 1981, and indicates continued healing.

EKG was unchanged from prior tracings and without abnormalities.

The following laboratory studies were either negative or normal at the levels noted:

Alkaline phosphatase	61
Total protein.....	6.5
Albumin.....	4.4
Globulin.....	2.1
Cholesterol.....	219
Calcium	8.7
Potassium.....	4.1
LDH	168
SGOT.....	19
SGPT.....	14
Uric acid.....	6.0
Total bilirubin	0.9
Creatinine.....	1.0
Phosphorous.....	3.3
Blood urea nitrogen.....	14
Chloride.....	105
Carbon dioxide	22.2
Sodium	142
Red blood count.....	5.01 million
Hemoglobin.....	15
Hematocrit	45.6
Platelets	277,000
White blood count.....	8,200
Bands	1
Segmented neutrophils.....	64
Lymphocytes.....	30
Eosinophil.....	1
Monocytes.....	4
Urinalysis — Negative for glucose, al-	

bumin and blood.

Mean corpuscular volume	91.1
Mean corpuscular hemoglobin ...	30.0
Mean corpuscular hemoglobin concentration	32.9

The blood pressure was 140/80 and the pulse 72.

His only medicines are multiple vitamins, weekly hyposensitization allergy shots and yearly flu vaccine.

3RD STORY of Level 1 printed in FULL format.

Copyright (c) 1980 The New York Times Company;
The New York Times

July 6, 1980, Sunday, Late City Final Edition

SECTION: Section 7; Page 11, Column 1; Book Review Desk

LENGTH: 878 words

HEADLINE: THE TROUBLE WITH PRESIDENTS

BODY:

Lawrence K. Altman, M.D. is a science correspondent for The New York Times. PRESIDENTIAL COURAGE By John B. Moses, M.D. and Wilbur Cross. 249 pp. New York: W.W. Norton & Co. \$11.95.

By LAWRENCE K. ALTMAN

American Presidents are often thought of as an unusually healthy lot because of the rigors endured in their job. But the thesis of 'Presidential Courage' by John B. Moses, M.D. and Wilbur Cross is that the 38 individuals who became our leaders have had more disease, dementia and disability than almost any other known professional group, and that their one enduring shared quality was courage in overcoming their handicaps.

This book is not the first on the health of the Presidents and should not be the last. As a Presidential election unfolds, voters should be as concerned about the candidates' medical status as about other factors, since the accidents of health and those of history have a great deal in common.

The authors do provide fascinating accounts of how Grover Cleveland's jaw cancer was secretly removed on a ship in the East River; of how Woodrow Wilson, paralyzed from a stroke, could barely sign official papers; of how Franklin Pierce suffered from cirrhosis of the liver.

Unfortunately, on other counts, this book disappoints. A major contention is that American Presidents 'rarely turned to the outstanding medical men of their day for treatment and counsel.' This seems true of a few Presidents. But the authors repeatedly contradict their point by describing many Presidential doctors and consultants as prominent, noted, top, outstanding, foremost specialists and pioneers in their fields.

The authors contend that Presidents suffered 'unique' diseases, particularly from the demands of office. Sustained stress can take its toll on any person. But the illnesses described are heart attacks, cancer, alcoholism, cirrhosis of the liver, depression and nervous breakdowns - common problems in any doctor's practice.

The authors also argue that a conspiracy among historians has suppressed all but the vaguest information about the health and disabilities of those who have held the nation's highest office. Yet diagnosing illnesses from historical accounts is extraordinarily difficult because it must be based on clues, not on direct examinations and details from medical and autopsy reports. It is also sobering to realize how ailments that are considered relatively minor today were devastating only a few decades ago. In a few cases, the authors do give a good

(c) 1980 The New York Times, July 6, 1980

description of what was once standard medical practice, such as the succession of 'eminent and respected physicians' who poked their unwashed fingers into the bullet wound in President Garfield's lower chest.

In other cases, perspective is lacking, and the level of analysis is sometimes superficial. For example, the authors attribute Mary Lincoln's violent eruptions, personality changes and mental illness to the late stages of syphilis, without mentioning if President Lincoln suffered from this contagious disease. The omission is important because a heart condition called aortic insufficiency can be a devastating, life-threatening complication of syphilis. The authors cite a report concluding that Mr. Lincoln had aortic insufficiency due to a genetic disease called Marfan's syndrome, which they contend would have made Mr. Lincoln a hopeless invalid in office had his term not been cut short by a bullet. Perhaps so. But they do not consider whether Mr. Lincoln's heart condition could have been due to syphilis as well as to Marfan's syndrome.

In some places, the writing and editing are sloppy. The authors mention that President Nixon suffered from phlebitis when he went to China in 1972. Actually, he suffered from that leg ailment not in 1972, but during his visits to Egypt and Russia in 1974. His hospitalization and surgery for complications of phlebitis came shortly after his resignation.

Finally, the authors do not discuss the most important questions regarding Presidential health. A constitutional amendment now specifies the order of succession, yet the issue of when a President should relinquish power in a time of disability or medical crisis is far from resolved. An urgent need exists to discuss the complexities of the problem of disability and the health of the Presidents.

A further question is whether someone should be disqualified from becoming President just because of a chronic illness. How much detail about such a condition should the public be given? And by whom? The President's personal doctor? An independent panel? Should a doctor break confidentiality to tell the public that a President is lying about his health?

Many more such questions need public discussion. Unfortunately, the authors did not attempt to enlighten us about the answers.

TYPE: review

1ST STORY of Level 1 printed in FULL format.

Copyright (c) 1980 The New York Times Company;
The New York Times

July 20, 1980, Sunday, Late City Final Edition

SECTION: Section 11; Westchester; Page 17, Column 1; Westchester Weekly Desk

LENGTH: 927 words

HEADLINE: AN AUTHOR-PHYSICIAN EXAMINES PRESIDENTS' INFIRMITIES

BODY:

Andrew Jackson

By RUTH GERCHICK

ACCORDING to John B. Moses, a Scarsdale internist, when someone becomes President, 'he's owned by the public; the public should know what they've bought.'

Dr. Moses, is the co-author, along with Wilbur Cross, of 'Presidential Courage,' a book recently published by W. W. Norton & Company that deals with the health of Presidents, their medical treatment and how they were able to function despite their infirmities.

George Washington,' Dr. Moses said in a interview, 'was a hypochondriac. Jefferson went into a blue funk when his wife died, and rode around crying; Madison had hysterical epilepsy. Lincoln was manic-depressive, and Harding got carried off to a sanitarium for upset nerves.'

Others suffered from physical illnesses, Dr. Moses said. He cited Andrew Jackson, for example, who had chronic dysentery, smallpox, chronic urticaria (body itching), osteomyelitis (bone infection) and blindness in one eye, among other ailments.

'Some of our best Presidents,' he said, 'might never have become chief executives if people had known they were so sick. The amazing thing is that they managed to run the country as well as they did. Nevertheless, it seems to me a man should not be allowed to carry that responsibility if he has a brain tumor or is suffering from such terrible coronary artery disease that he can't pass a stress test or a psychiatric test designed to identify severe disturbances. I'm not talking about peculiarities or neuroses.'

Dr. Moses's interest in Presidents has been virtually lifelong. 'As a boy, I had always admired Washington and Lincoln,' he said. 'I was brought up to think they were the greatest; I even used to keep scrapbooks on them. But it wasn't until one summer vacation in New Hampshire, when my wife began to collect political buttons as a hobby, that our conversations became centered on former Presidents and Vice Presidents. We spent a lot of time reading and talking about Presidential families, and as a physician, naturally, I began to think about their health.'

Shortly afterward, Dr. Moses said, he was asked to prepare a medical paper for White Plains Hospital, the subject of which was Andrew Jackson's health. When a program on hypertension pre-empted his talk, he delivered the lecture

(c) 1980 The New York Times, July 20, 1980

anyway, at a cocktail party arranged by his wife for friends and colleagues.

In 1972, when the Democratic Vice Presidential candidate, Senator Thomas F. Eagleton, was eliminated from the ticket after disclosing his history of recurrent depression, Dr. Moses decided to broaden the scope of his research. "I had read enough by then to realize that a great many of our Presidents suffered from emotional illness," he said. "Eagleton's problems were minuscule compared with those of Lincoln, Jefferson and Madison. I began studying Rutherford Hayes, who became President despite an extremely difficult childhood, which included an abnormally intense emotional tie with his sister. Then I came across a tremendous amount of medical information on Presidents who had been assassinated."

"From reading," he continued, "I found that many Presidents in the past had had poor medical care, mostly because their doctors were not the best available but old pals, usually, from the military. Both Woodrow Wilson and Franklin Roosevelt chose as physicians casual acquaintances who they remembered as good conversationalists. Some of the things these doctors did were outlandish even according to the knowledge of their time. But then overwhelming personalities, like Presidents, just don't take to standard-type doctors.

Should the public be informed of the health of Presidents? "Many physicians say not unless the patient gives permission," Dr. Moses replied. "Even if you discover a tumor, you have no right to say anything about it publicly because of the confidentiality between doctor and patient. This is a very difficult problem. I'm not sure I agree with them when disclosure involves political figures."

As for whether candidates for the top two posts in the country should be required to make disclosures on their health, Dr. Moses said, "I really don't know the answer.

"I think some programs should be set up," he suggested, "whereby the candidate's physician would send the candidate to a clinic like Mayo or Leahy, for a complete checkup, including CAT Scans of his brain and pancreas, echo-cardiograms, stress tests and blood tests galore. Today, some tests reveal diseases that will kill a person in a year."

"When the findings are in," he added, "the candidate and his doctor should decide what they will tell the electorate. Between the two of them, they've got to solve it somehow."

The internist, who was born in New Rochelle and has lived and worked in Scarsdale for 27 years, said he has just begun to explore the field of Presidential medical history. "There are Presidents we haven't covered in this book," he said, "and First Ladies, who were just as interesting, or more so. And then there are the Vice Presidents and the guys who didn't make it, like Henry Clay and Robert Taft. What I'd like to do in the future is have my publisher give me a huge advance. Then I could take a couple of months off and just go digging around."

GRAPHIC: Illustrations: Photos of Thomas Jefferson, Rutherford B. Hayes, James Madison and



—USN&WR Photo

A grave President pauses in the busy week before his surgery

A PRESIDENT'S HEALTH— Its Meaning to the Nation

When President Johnson went under the surgeon's knife, Vice President Humphrey stood ready: In this nuclear age, the nation cannot risk a leadership gap while a President is disabled. Then came the doctors' report: Operation a success.

A President's health in today's dangerous world takes on the highest importance to the nation.

Only the President holds power to make basic decisions in time of war operations, such as those in Vietnam. A President alone is empowered to act in a nuclear attack.

The nation's security demands that there be no time gap in the exercise of presidential powers.

When President Lyndon B. Johnson underwent a gallbladder operation on October 8, Vice President Hubert Humphrey stood by, ready to take over the presidential powers at once, if necessary.

By mutual agreement between himself and the President, Mr. Humphrey was to step in as temporary acting President if the operation should leave Mr. Johnson unable, for any considerable period, to perform effectively as President.

The operation, however, went well. Surgeons pronounced it a "complete success." In an early-morning operation that lasted two hours and 15 minutes, surgeons removed the President's gall bladder, which was found to contain a gallstone. They also removed a kidney stone in one ureter.

By midday, the President was reported once again able to "make decisions." In the meantime, no need for any presidential decisions had arisen. Another crisis—for the nation and for Mr. Johnson—appeared safely past.

Lyndon Johnson has had a series of health problems, extending back 28 years to 1937. On September 7, he encountered a new kind of health problem. While at his Texas ranch for the Labor Day week-end, he suffered abdominal pains. X rays and other examinations showed the presence

(continued on next page)

[continued from preceding page]

of a gallstone and a poorly functioning gall bladder. It was decided by the President's doctors that he should undergo an operation.

One examining physician was quoted as saying the operation could be described as "preventive maintenance." The idea was to prevent the movement of the gallstones into a more dangerous area, or a rupture of the gall-bladder lining.

On October 5, the President himself made the announcement that he would submit to the operation.

Then, as though to show that he was still vigorous, the President set out on a two-day whirlwind of activity.

Mr. Johnson signed some bills and proclamations. He made two speeches. He received various delegations. He reviewed the foreign situation with his top advisers. He took newspapermen on a brisk walk around the White House grounds and into the White House. He dropped in unexpectedly on a luncheon at the National Press Club.

Late on October 7, the President entered the National Naval Medical Center in Bethesda, Md., just outside Washington, D. C. Early on October 8, the operation was performed.

For the President, his gall-bladder attack was the first trouble of that type. But he had suffered many other types of illnesses, as listed in the chart on page 35.

Mr. Johnson has had recurrent attacks of kidney stones. Most were removed by manipulation. However, major surgery was required in 1955, followed by six weeks of convalescence.

Later in 1955 came Mr. Johnson's most severe illness—a heart attack which threatened his life. He spent six months recuperating from that.

Doctors say there has been a complete recovery from the heart attack.

Since becoming President in 1963, Mr. Johnson has had some wartlike growths removed from his skin. In January, 1965, after exposure to bad weather at his inauguration, he was hospitalized for three days with a severe cold accompanied by a heavy cough.

Illness of a President, no matter how mild, creates tremors of concern and gives rise to questions about what would happen if he were incapacitated for any considerable period—or should die.

A look at history. Several U. S. Presidents in the past have lain incapacitated by illness or gunshot wounds for long periods, as related on this page.

Some presidential illnesses have occurred at critical periods in the nation's history.

Franklin Roosevelt was a sick man,

approaching death, in 1945 when he took part in fateful decisions at the Yalta Conference that affected the shape of the postwar world. Mr. Roosevelt's ill health is believed to have contributed to the victories that Russia's Joseph Stalin won in that conference.

Woodrow Wilson was an invalid, his brain damaged by a stroke for a 17-month period from 1919 to 1921, during which this country refused to join the League of Nations he had fostered.

President James Garfield, after being shot in 1881, was incapacitated for 80 days before dying.

In those times, before the era of nuclear weapons and the threat of almost instant destruction, not so much hinged upon having a President in full control of his faculties at all times. The absence of effective capacity for decision making was not felt so acutely.

A question of survival. The intricate machinery of Government in the U. S. today—when survival of the nation may depend on instant decision—presents a far different problem.

This fact came to be recognized during the Administration of President Dwight D. Eisenhower. He considered resigning after a 1955 heart attack that put him out of action for months. After that, he had an ileitis operation in 1956 and a stroke in 1957.

It was not until early 1958 that an understanding was reached between President Eisenhower and Vice President Richard Nixon that the Vice President would step in as acting President in case the President were incapacitated again.

The late President John Kennedy had a similar arrangement with his Vice President, Lyndon Johnson. And Mr. Johnson, when he succeeded to the Presidency, made the same kind of agreement with Vice President Humphrey.

Under this agreement, as described on page 37, Mr. Humphrey takes over as acting President at any time when the President is unable to act.

Congress now has proposed a permanent solution to the problem of presidential disability in the form of a constitutional amendment, the terms of which are set out on page 37.

However, it is expected to be 1967 before this proposed amendment is ratified by 38 States as required before it can become the law of the land.

In the meantime, it is the personal agreement between Mr. Johnson and Mr. Humphrey which assures the country of continuing presidential leadership.

The latest illness struck Mr. Johnson in the first year of his first term as an elected President. He became 57 years old last August. He will be 61 when his

(continued on page 36)

WHEN PRESIDENTS HAVE BEEN DISABLED—

Twice in its history, this country has been leaderless for long periods because its President was disabled.

In 1881, on July 2, President James A. Garfield was shot. For 80 days he lay disabled until his death on September 19.

In 1919, on September 25, President Woodrow Wilson suffered a stroke. He was unable to perform his presidential duties much of the time for 17 months that remained of his term, which ended March 4, 1921.

Several Presidents have been incapacitated for short periods.

Abraham Lincoln, shot on April 14, 1865, was unconscious until his death the following day.

In 1893, Grover Cleveland was smuggled aboard a yacht in New York Harbor for a cancer operation on his palate that was kept a secret for 25 years.

William McKinley was shot on Sept. 6, 1901, and died eight days later.

Warren G. Harding lingered several days after a heart attack before dying on Aug. 2, 1923.

Dwight D. Eisenhower suffered three major illnesses during his two terms in the White House: a heart attack on Sept. 24, 1955; an operation for ileitis in June, 1956; and a stroke on Nov. 25, 1957.

During all the presidential disabilities of the past, presidential work simply went undone.

In the past, there was no arrangement, as there is now, for the Vice President to take over temporarily.

Mr. Eisenhower was the first President to have such an arrangement. He put it in writing that Vice President Richard M. Nixon was to be "acting President" in case of a disability emergency. But that arrangement was not made until 1958—after all the major illnesses of Mr. Eisenhower's White House years were past.

MEDICAL HISTORY OF LYNDON JOHNSON

Childhood: The usual diseases of childhood.

1937: Appendectomy.

1942-43: Bronchiectasis, contracted while serving as a naval officer in South Pacific. The disease, first noticed during high-altitude flights, made him susceptible to heavy colds and pneumonia.

Slight fungus infection.

Stricken with near-fatal case of pneumonia in New Guinea, taken to Pearl Harbor for treatment.

1943-48: Heavy colds, some of them approaching pneumonia.

1948: Went to hospital for clearing of bronchial tubes.

Kidney stone was removed by manipulation.

1948-55: Number of bronchial illnesses and heavy colds.

Small kidney stones passed without difficulty.

1955: Kidney stone removed by surgery at Mayo Clinic, Rochester, Minn. Six weeks of convalescence.

Suffered a severe heart attack—coronary thrombosis. Serious fears for his life; given only 50-50 chance to survive. In hospital five weeks, then recuperated at Texas ranch from



Ten years ago, Mr. and Mrs. Johnson posed at the hospital as he began recovery from a heart attack

August 8 until Congress convened the following January.

1955-62: Bronchial illnesses, with heavy colds.

1963: Kidney stone. Treatment with medication.

1964: Skin ailment described as hyperkeratosis, necessitating removal of two wartlike growths from Mr. Johnson's hand. Over a period of 20 years, he has had nearly a dozen small growths removed from various parts of the body. All these growths have been benign.

1965: The current year's record:

January 23—severe cold with heavy cough, for which Mr. Johnson was taken by ambulance to Naval Medical Center at Bethesda, Md. Hospitalized 3½ days.

September 7 — Bothered with stomach pains while at Texas ranch. Gall-bladder trouble was suspected.

October 8—Operated on for removal of gall bladder at Naval Medical Center, Bethesda, Md. A kidney stone also was removed.

WHAT DOCTORS SAY ABOUT GALL-BLADDER SURGERY

A gall-bladder operation, such as President Johnson underwent on October 8, is classed as "major" surgery, yet doctors generally class it among the less hazardous abdominal operations.

The fatality rate is less than one patient in every 400 in top medical centers.

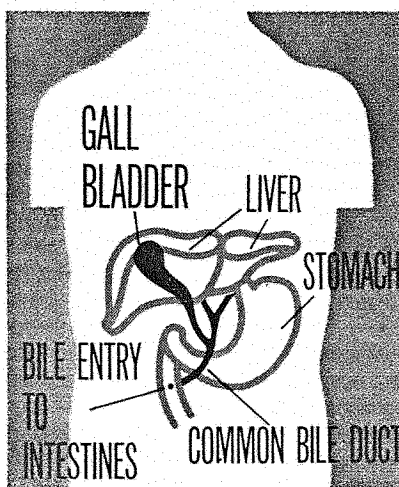
The operation consists of removing the gall bladder.

This is a bluish, pear-shaped organ, about 2 to 4 inches long and a little over 2 inches wide at its widest part. It lies under the liver and is partially attached to it. The gall bladder is on the right side of the body just below the rib cage.

It acts as a reservoir for a greenish, watery fluid called bile, releasing this fluid to aid in the digestion of fats.

Bile is formed in the liver. When the gall bladder is removed, as in the President's case, the liver itself can normally supply enough bile to do the job of digesting fats without the reservoir previously provided by the gall bladder.

It does this through the common bile duct, which leads from the liver



Area of surgery on the President involved gall bladder and bile duct

to the intestines. When the gall bladder is gone, this duct increases sufficiently in size to take over the reservoir function formerly performed by the gall bladder. The enlargement process usually takes three to four months.

The commonest cause of gall-

bladder trouble is gallstones—solid particles that block the normal flow of bile. President Johnson was found to have a gallstone. In addition, a kidney stone was found in the right ureter, and this stone was removed.

Medical scientists are not agreed on just how gallstones are formed. They know, however, that as people eat richer foods and exercise less, gallstones and gall-bladder trouble become more common. It is estimated that approximately 10 per cent of all men and 25 per cent of all women in the U. S. develop gallstones before the age of 60.

Gallstones are not necessarily dangerous, but they can cause great pain. They can lead to serious infection, to jaundice, possibly to cancer. Most doctors recommend surgery as soon as stones are detected.

For a while after surgery, there is some pain in the wound area.

Usually there is no need for special care after the patient leaves the hospital. But physicians advise sticking to a "gall-bladder diet"—one that is low in fats—for at least a year after the operation.

A PRESIDENT'S HEALTH . . .

[continued from page 34]

first full term ends. Under the Constitution he is eligible for re-election to serve until 1973, when he will be 65.

The President is a big man—6 feet 3 inches tall, with a large, heavy frame. His tendency is to be a big eater, with a fondness for fattening foods and dishes that are highly seasoned.

After suffering pain on September 7, he went on a diet and lost weight. His

Press Secretary reported that the President was down to 202 pounds as of October 5.

The President tends to be a driver at his work, not inclined to spare himself. He keeps irregular hours, sometimes works far into the night.

People with long experience in Washington doubt that any other President worked harder at what many regard as an impossible job for any one man.

Aides' advice: slow down. Mr. Johnson insists that he thrives on hard work. Up until his latest illness, doctors had pronounced him in good health. But there long has been a feeling among White House aides—and Johnson friends

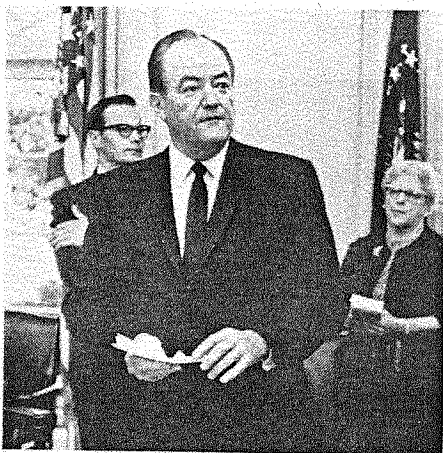
—that a slowdown would be advisable, from the standpoint of the President's health.

Long-time observers of the Washington scene have learned to be wary of medical reports and forecasts related to Presidents.

Medical reports on Woodrow Wilson, after his stroke, tended to be optimistic, hiding the seriousness of his condition.

Reporters saw Franklin Roosevelt fading before their eyes, only to be reassured by White House doctors.

Today, with the nation's security possibly at stake, Americans are keeping an extremely close eye on the health of their President.



—USN&WR Photo

WHEN ATTENTION TURNS TO THE VICE PRESIDENT—

Opinions about Hubert Humphrey usually are strong, never muted. Ever since he became Vice President, speculation about the kind of leader he would be has been important. Once, many businessmen considered him a strident "liberal." Has he changed? How much? Here's a close-up of the Government's No. 2 man.

Whenever a President's health comes into question, the Vice President's name instantly enters the public mind.

Hubert H. Humphrey, as Vice President, was the object of that kind of interest and conjecture when President Johnson faced an operation. People wondered what kind of leader the Vice President would be if decisions at the top level were forced upon him.

In his 10 months in office, Mr. Humphrey has been busy seeking to overcome an impression once widely held among businessmen and others that he would be a real radical in the White House.

How far to "left"? The Vice President, during his early days in the U. S. Senate, came to be regarded as favoring the extremely "liberal" side of public questions. He had been one of the organizers and top leaders of Americans for Democratic Action (ADA). Most labor leaders gave him strong support.

The Vice President was viewed as being on the "left" side of most issues—more strongly pro-labor than Lyndon Johnson, an advocate of even bigger spending and bigger Government, a crusading "liberal" on racial problems.

The feeling was that, if he went on

to the White House, he would carry forward socialist-type programs further and faster than would Lyndon Johnson.

Even before the 1964 election, Mr. Humphrey set out to convince business leaders that he was not the radical they imagined. He stressed much the same concern that President Johnson voiced over the need for a profitable and expanding system of private enterprise.

Bid for new image. As Vice President, he has traveled around, speaking to business and scholastic groups, seeking to establish a new image. He told the U. S. Chamber of Commerce:

"You businessmen are more generous than any government. This is the most compassionate, most kindly, most economically just society on the face of the earth."

Mr. Humphrey, however, always has advocated federal expansion. He has been on the side of big spending by Government. A balanced budget is not one of his preoccupations.

As one who struggled through the Great Depression and who knew the ruin that struck the farms and small business enterprises in rural areas in that period, Mr. Humphrey has favored strong federal programs to assure a growing econ-

omy. He and President Johnson have been somewhat alike in this regard.

At the same time, Mr. Humphrey has not turned his back on his labor friends. He shows no signs of lagging in his enthusiasm for prolabor legislation, and in the future is expected to be battling for an increase in the minimum wage. In any showdown between business and labor, insiders believe, he would choose to side with labor.

The Vice President built his political base in Minnesota with farmer-labor support. And, say those who know him best, he would never dissipate one of the big assets of the Democratic Party—the voting support of organized labor.

Anti-Communist record. Mr. Humphrey always has been strongly anti-Communist. As mayor of Minneapolis, he led in the successful fight to drive Communists out of the Democratic Farmer-Labor Party, which had elected him.

In 1954, he was the author of legislation in the Senate outlawing the Communist Party of the U. S. as the agent of a hostile foreign power. This did not please many of his "liberal" friends.

In the Vice Presidency, Mr. Humphrey, more than anyone before him, has been trained to be a "standby" Presi-

A PRESIDENT'S HEALTH—HOW MUCH SHOULD THE PUBLIC KNOW?

Once again, there is speculation about the health of an American President.

Every bit of information from the White House—official and unofficial—is that Lyndon B. Johnson is in the best of health for a man of his age. The President himself tells visitors he feels fine. Those close to him say he looks and acts like a man in excellent physical condition.

Yet, many are impressed by the fact that he looks older when they see him on television. He has obviously lost weight. Sometimes, in speeches, his voice sounds weary.

All of this raises once more the question about how much information the public does have—or should have—on the health of its top officials. The following are excerpts from an article in the Oct. 30, 1967, issue of "The Journal of the American Medical Association." Dr. Jonas B. Robitscher, the author, is a practicing physician who also holds a law degree.



The President on television

"When Lord Moran, who had been Winston Churchill's personal physician and constant companion from 1940 until Churchill's death, published his book [*Churchill: Taken From the Diaries of Lord Moran*] about his famous patient and friend, based on the diaries he had kept during this whole period, there was indeed furor. . . .

"Why the outcry? The book contains two types of revelations. One is the chronicling of what Churchill did and said, his encounters with Roosevelt and Stalin, his remarks on the conduct of the war. . . .

"The second type of revelation concerns Churchill's physical condition—his series of strokes, his gradual deterioration, his attempt to maintain his prestige and power in the 1950s. As so often happens in the case of the physical ills of the great, when Churchill had his stroke in 1953 the public was merely informed that the Prime Minister was suffering from giddiness and would need a month's rest. This rest was stretched out to a longer period of time. Eventually, four months after the stroke, an important public occasion could not be delayed—Churchill journeyed to Margate to deliver a major address to the Conservative Party. . . .

"Churchill rose to the occasion; the test was passed; he remained Prime Minister for two more years. I wonder if the British doctors who struck out at Lord Moran for his 'breach of confidentiality' in letting information of this kind be known, long after it had become history and when Churchill's death had made it impossible for harm to result from disclosure, were not, in fact, reacting to their chagrin: they

had not picked up the mouth droop, the unsteady walk, the slurred speech.

* * *

"Lord Moran had done what many physicians to the illustrious had done, waited until the deaths of their patients and then divulged information not revealed as an essential part of securing treatment and not discrediting the dead. . . .

"Vice Adm. Ross T. McIntire, Franklin Roosevelt's physician, in collaboration with George Creel wrote 'White House Physician' in 1946. Like Lord Moran, he describes his travels with Roosevelt and the political events he witnessed, as well as his patient's medical condition. McIntire found the President generally sound for a man of his age, and he states his death from a cerebral hemorrhage could not have been predicted. On the other hand, Irwin Richman, of the William Penn Museum, writing in a recent issue of 'Pennsylvania Medicine,' states:

"The public was uninformed about the President's series of 'little strokes,' arteriosclerosis and a series of respiratory inflammations ranging from colds to severe bronchitis."

* * *

"In the case of Wilson, his physician, Dr. Grayson, cooperated with Mrs. Wilson to keep information about the President's stroke from the nation.

"In the case of Harding, the story of his sudden death still remains mysterious. In Kennedy's case, the full details of his adrenocortical deficit, the medications he was receiving, as well as the extent of his orthopedic problem, were kept from the public. . . .

"It is a characteristic of the health reports which the doctors of Presidents reveal to the press that they tend to emphasize normal findings and eliminate adverse material. Roosevelt's arteriosclerosis and Kennedy's adrenocortical status and also the extent to which he was orthopedically disabled at the time of his death were equally soft-pedaled.

"The adrenal status is particularly significant, since the knowledge that he was suffering from a disease hitherto considered usually fatal, as well as the psychological effects of receiving cortisone, could both have been factors in the making of major presidential decisions. In addition, the reliability of the health report issued during the course of the 1960 campaign by the candidate's physicians can be judged only on the basis of whether important information was withheld from the public.

* * *

"The principle followed by the doctors of the politically great during their lives appears to be selective release of public information, although the public is encouraged to believe the whole truth is being bared. The physician is thus not only a doctor to his patient, but he also fulfills a public role—he gives reassurance to the public concerning the health of its elected officials.

"I submit that under such circumstances there can be justifiable exceptions to the principle that the patient's state of health is a private rather than a public matter. Certainly during the lifetime of the patient his doctors should not reveal information without his consent. After his death it would seem appropriate to set the record straight in the hopes that history's lessons can be useful in the evaluation of similar situations which will inevitably arise."

[END]

lakes from the growing menace of pollution.

Like the problem of the cities, water pollution can no longer be attacked piecemeal. Our attack must be comprehensive if it is to be total. Pollution is not a problem of the individual cities or even the individual States. It is a problem of the entire river-sheds and water basins. And there is where the problem must be fought.

The new measure will allow us to do that. It enlarges and it strengthens the comprehensive approach that is already begun. It creates new incentives for our States and for our cities. It strengthens their partnership with industry and with the Federal Government. It enables us to work together on sound and practical plans for controlling pollution once and for all.

Clean streets and clear rivers—could any-

thing really be more basic to a Great Society? Could anything really be more vital to our children?

I have signed many bills in the 3 years that I have been President. I will sign perhaps a thousand this year. But none has given me greater pleasure than the ones that we are about to sign this afternoon. For they are proud additions to the legacy of a greater America.

I welcome each of you to the East Room this afternoon as participants at this historic occasion.

Thank you very much.

NOTE: The President spoke at 1:06 p.m. in the East Room at the White House.

As enacted, the Demonstration Cities and Metropolitan Development Act of 1966 is Public Law 89-754 (80 Stat. 1255), and the Clean Water Restoration Act of 1966 is Public Law 89-753 (80 Stat. 1246).

575 The President's News Conference of November 3, 1966

THE PRESIDENT'S PLAN TO UNDERGO SURGERY

THE PRESIDENT. Good afternoon, ladies and gentlemen.

I wanted you to know that my doctors have recommended that I undergo surgery to repair a defect at the site of the incision made during the gallbladder operation a year ago.

About 6 months ago a small bulge began to appear in the region of the scar on the right side of my abdomen. Although it would disappear from time to time, I experienced a continuing soreness and a drawing, pulling sensation. The protrusion has enlarged recently and the soreness has recurred, and the doctors have therefore recommended surgery.

After final discussions with Dr. Burkley in Seoul, Korea, on Tuesday, I accepted his

recommendation that the operation take place within 15 or 18 days from now.

The doctors also intend at that time to remove a small polyp from my throat.

They have recommended that I begin a reduced schedule of activity in preparation for the operation. I intend to leave tomorrow for Texas.

I would expect to put in a rather heavy day tomorrow on desk work and bills and leave sometime in the afternoon.

Mr. Moyers¹ is here with the doctors who will take part in the operation, and who have participated in the diagnosis.

They will come in and be glad to answer any questions you may have to ask. They will be Dr. Burkley; Dr. James Cain of Mayo's; Dr. Devine, the throat man from

¹ Bill D. Moyers, Special Assistant to the President.

Mayo's; and Dr. Gould, the throat specialist from New York who has been treating me.

INTRODUCTION OF PRESIDENT'S PHYSICIANS

MR. MOYERS. The President will go back to his office and I will bring the doctors in. We will have a session with them before anyone leaves.

These will all be in the material you will receive as you leave here, but Dr. James Cain is to my far left. Dr. Cain is a long-time personal physician to the President's family.

Next on my left is Adm. George Burkley, Physician to the President.

On my right is Dr. W. James Gould, director of otolaryngology at the Lenox Hill Hospital.

You will have biographical sketches of the doctors.

Dr. Hallenbeck is not here. He is the surgeon who performed the operation last year, and will again be the principal surgeon.

Dr. Kenneth D. Devine is to my right. He is a member of the section of plastic surgery of the Mayo Clinic.

Dr. Hallenbeck is head of a section on general surgery and head of the section of surgical research of the Mayo Clinic.

Dr. Burkley has a statement, a copy of which will also be in the material you receive as you leave here.

STATEMENT ON THE PRESIDENT'S CONDITION

DR. BURKLEY. At the time of the President's gallbladder surgery, drains were placed in the abdominal wall about 1 inch from the end of the incision on the right side. This is routine procedure in such surgery.

Following removal of the drains, the wound appeared to heal completely. On several occasions, a drawing pain was noticed

in the region of the scar localized where the drains had been removed. In April 1966 a small protrusion was noted.

There has been a continuing soreness and a drawing sensation in this area. The protrusion has enlarged somewhat in the last 3 weeks and is now approximately the size of a silver dollar. It is reducible when the President is either lying down or wearing a back brace.

Since there has been some recent enlargement of the protrusion and recurrent soreness, surgical repair is therefore advisable.

In August, a small polyp in the region of the right vocal cord of the President's throat was noted. This cleared up from time to time. This polyp was again noted just prior to the Asia trip and Dr. W. J. Gould of New York City and Dr. Kenneth Devine of the Mayo Clinic recommended that it be removed. At the time the abdominal wall is repaired, the polyp will be removed from the throat.

There is no indication of any serious problem in either instance, and his general health continues to be excellent.

QUESTIONS

Q. What is the nature of the protrusion?

DR. BURKLEY. As the word itself implies, it is just as you look at something, there is a little hump, that is what the connotation is.

Q. Doctor, could you define a polyp for us?

DR. GOULD. The polyp is a soft tissue protrusion, that is like a grape, actually.

Q. Like what?

DR. GOULD. A small grape.

Q. What would cause it?

DR. GOULD. In this instance, excess voice usage.

Q. What would be the size of the polyp, sir?

DR. GOULD. Three millimeters, sub-cortical.

Q. That might be an explanation for hoarseness from time to time?

DR. GOULD. Yes.

Q. How do you characterize it—a minor surgery?

DR. GOULD. Any surgery is a surgical procedure and minor or major, according to the individual. It is a small amount of tissue. I will put it that way.

Q. Would this polyp be tested for a malignancy?

DR. GOULD. Yes.

Q. Dr. Burkley, do you expect the surgery, the operation, to be held in Bethesda Naval Hospital?

DR. BURKLEY. The decision on where the surgery is to be performed has not been decided, it has not been made.

Q. What is the size of the protrusion?

DR. CAIN. I think that you ought to be sure you understand this pretty well. There is a small defect at the end of the scar, as Dr. Burkley mentioned, where the drains were removed. This is about the size of the end of your finger, perhaps, the area there.

Then, out from this, there is a protrusion about the size of a silver dollar, or maybe a golf ball. Let me show you here. It is something kind of this way.

Say there is a hole there, and the protrusion is something like that [*illustrating*], and when he lies down, it goes back in.

Q. What caused this, doctor?

DR. CAIN. Well, it is a weakness in the wall there at the area where these drains were in, and the muscles have spread apart just a small amount there.

Q. Do they call this an incisional hernia?

DR. CAIN. That would be a proper name for it.

Q. How do you repair it?

DR. CAIN. It is very simple in that you

can make an incision over it and pull the muscles together and close it.

Q. Is this a frequent development?

DR. CAIN. It is a frequent development. It is reasonably frequent. You hope it won't happen, but it happens often enough that I think you would say it was frequent.

Q. What do you think causes it beyond that?

DR. BURKLEY. Well, the drainage area doesn't have the same opportunity to heal as when the whole thing is tied tightly, and that sometimes makes that area a little weaker and more apt to occur in that area.

Q. Do either of these two procedures that you describe present problems normally, with the average patients?

DR. BURKLEY. No, there is no particular problem.

Q. Is it the plan that the President will remain at the ranch until the operation?

MR. MOYERS. That hasn't been definitely decided.

DR. BURKLEY. It is recommended that the President have approximately 2 weeks' rest, at least 2 weeks' rest before any procedures are attempted.

Q. What effect does the removal of the polyp have upon the speaking after the operation? That is, for any period of time, will it be difficult to speak?

DR. GOULD. There will be hoarseness for 2 or 3 weeks, due to local tissue swelling, but there should be no permanent effect upon speech.

Q. How long would he ordinarily be hospitalized for this procedure?

DR. GOULD. Overnight for the polyp.

DR. CAIN. He will be in the hospital for several days all together, with this, but he will be in good shape as soon as he is out from under any anesthesia that he is given, and it will be a very minor disability from that standpoint.

Q. Will both operations be done at the same time and under the same anesthesia?

MR. MOYERS. Yes.

Q. Would it require as much anesthesia as in the last operation?

MR. MOYERS. No.

Q. How long is the operation?

MR. MOYERS. Probably less than an hour for both things, from beginning to end.

Q. Are these things of an emergency nature, that they have to be done?

DR. CAIN. No, these things are things that we have recognized, actually, as Dr. Burkley mentioned, for some time. Many people have these, and ordinarily, or often, you can do nothing about them. But during this trip, as some of you know, he was quite active in doing an awful lot of standing and walking and so forth, and this seemed to be enlarging very slightly.

Dr. Burkley, at that time, I think, decided that he thought we ought to go ahead and repair these.

While doing it, we decided we would take care of both things at the same time and get it done.

Q. Could it have waited until next week?

DR. CAIN. Well, once the decision is made, I think you ought to go ahead and get it done. This is the thing.

I do think that extra working and exercise, and so forth, adds to the enlargement a little bit.

Q. Did the President ask if it could be delayed any?

DR. CAIN. He asked our advice about whether it should be delayed, and Dr. Burkley and I certainly concur that, for many reasons, one, because of the fatigue of this trip, and so forth, and getting ready for this operable procedure, I thought that he ought to take some time off. I hope he will.

Q. You don't describe this in the nature of an emergency?

DR. CAIN. It is not an emergency in that way.

Q. Did the doctors recommend against a weekend political trip with all of its talking?

DR. BURKLEY. I recommended that the President, inasmuch as this was indicated, or this surgery was indicated, have it done at an early date. On the basis of that, I recommended that he have a period of rest of approximately 2 weeks beforehand.

I feel that that indicates against a weekend trip, as you mentioned.

Q. Did this Asian trip aggravate the situation at all, Doctor?

DR. BURKLEY. I beg your pardon?

Q. Did the trip to the Far East aggravate this?

DR. BURKLEY. It aggravated it, but the symptoms were there. There was a slight increase, and we noted a slight increase in the size of the protrusion during that trip.

Therefore, I would think that there was some effect from the strenuous trip.

Q. Did it cause him great pain during the trip?

DR. BURKLEY. Not great pain, but just stress, a little disturbance there, and a pulling sensation, and a drawing sensation in the area.

Q. You mentioned he was wearing a back brace. Has the President worn a back brace very often?

DR. BURKLEY. He has been wearing it quite regularly, since this protrusion was noted. It was noted in April.

MR. MOYERS. The protrusion was noted in April, and the polyp was noted in August.

Q. Dr. Gould, is a polyp like this generally malignant or generally not malignant?

DR. GOULD. It is not generally, but it will be tested, regardless.

Q. Will anyone fill in for the period when the President is under anesthesia?

MR. MOYERS. I don't believe so.

Q. Would it be fair to say that further effort on the President's part would further aggravate his condition?

DR. BURKLEY. It is my opinion that inasmuch as he has noted some change in it during this Asian trip, that it would be advisable not to do a similar trip until the repair is accomplished.

MR. MOYERS. Let me make certain that you understand the material in the package. You will get the biographical sketches of the men who are here—Dr. Burkley, Dr. Devine, Dr. Cain, and Dr. Gould. You will also get a biographical sketch on Dr. Hallenbeck, who is not here, but who will again perform the surgery.

You will also get a biographical sketch on Dr. Edward Paul Didier, consultant in anesthesiology in the Mayo Clinic, and instructor in anesthesiology in the Mayo Graduate School of Medicine, who was the President's anesthetist last fall.

There is also a biography of Dr. J. Willis Hurst, professor and chairman of the Department of Medicine, of the Emory University School of Medicine, and continuing consultant to the President.

Also there will be a sketch on Dr. Lay M. Fox, the White House physician.

Those of you who wish to may leave at this point.

Q. What is the President's weight? Can we get some vital statistics on the President, like what does he weigh?

DR. BURKLEY. He weighs somewhat over 200 pounds.

Q. Somewhat over?

DR. BURKLEY. He contemplates a diet program during this period prior to the surgery.

Q. Do you want him below 200 pounds?

DR. BURKLEY. We would like to have him around the same weight as he had at the time of the other surgery.

Q. Which was what?

DR. BURKLEY. Around 198 or 196, I think, but he may not lose that much. He is a tall man, and actually a lot of men smaller than he is weigh around 200 or 210, and think nothing of it. If he gets down to that, he is really doing very well.

Q. How much over 200 is he?

DR. BURKLEY. I don't know exactly. He had been ranging around between 200 and 215. I don't know exactly what his weight has been the last few days or weeks.

MR. MOYERS. Thank you, gentlemen.

NOTE: President Johnson's eighty-first news conference was held in the Cabinet Room at the White House at 3:30 p.m. on Thursday, November 3, 1966.

576 Remarks at the Signing of the Truth-in-Packaging and Child Protection Bills. November 3, 1966

Mr. Vice President, Secretary Connor, Senator Hart, Congressman Staggers, and Members of Congress:

First I ask your indulgence and understanding because I have been talking to Speaker McCormack, Senator Mansfield, and Senator Dirksen, reporting on my trip and my physical condition. I thought that rather desirable and necessary. And I know

you will pardon my being a little late.

We have come here this evening to fulfill two obligations that we have to the American family.

—We are here to defend truth.

—We are here to avoid tragedy.

The two laws that I shall sign this evening will help the American housewife to save her pennies and dimes, and the American



TELLING ALL ABOUT A PRESIDENT'S HEALTH

A UNUSUALLY FRANK REPORT on the health of President Ford is putting pressure on other candidates to "go public" on their medical secrets, if any.

After Mr. Ford's annual physical examination late in January, his doctor described him as being as healthy "as a conditioned athlete."

Mr. Ford, in making public his detailed medical record, was following his own stated feeling that it would be a "good idea" for all candidates to give voters a close look at their health.

Some contenders—Democrats Sargent Shriver and Fred Harris, among them—have issued public statements giving a general picture of their physical condition. A number of others have supplied medical records to the publication *Medical World News*.

The extent of detail varied considerably, however, ranging from broad summaries to results of laboratory tests. In general, their physicians found the candidates in "good health." Many had cause to seek more than routine medical treatment for a variety of problems.

Focus on health. Public attention has been focused on the health issue before, but rarely to the degree that it is coming up in this election year. Political observers say pressure for detailed accountings may grow more intense, perhaps even for examination by independent medical experts.

Part of the reason for the heightened interest in the health issue is the condition of Governor George Wallace of Alabama, who is paralyzed from the waist down as the result of a would-be assas-

sin's bullet nearly four years ago. Governor Wallace says he is physically able to be President and that he would agree to an independent medical exam if other candidates do likewise.

A dissenting voice. Dr. William Lukash, the President's personal physician, disagrees on the total disclosure of medical records and examinations. He worries about the harm to the confidential patient-physician relationship, along with the "bad precedent" of such a move.

As for the President's health, both Mr. Ford and Dr. Lukash agreed on the "fit as a fiddle" analysis. The doctor said the President's athletic background has disciplined him to daily exercise, a closely watched diet and plenty of vigorous activity such as skiing, golfing and swimming.

Mr. Ford's daily routine begins at 5:30 a.m. with 10 minutes of calisthenics, leg lifts with a 35-pound weight for his bad football knees and a half-mile "ride" on a stationary bicycle. At night, the President likes to cap his 14 or 15-hour workday with swimming 24 lengths—or a quarter mile—in the White House pool.

Mr. Ford has lost 16 pounds—down to 194 from 210—in the 17 months he has been President.

During the last year, Mr. Ford has had a bad cold, had a small benign wart removed from his lip and has had some slight swelling of his knees—both of which have been operated on—after skiing. His doctor reported no ill effects from any of these conditions.



MEDICAL PROFILE OF GERALD FORD

Age: 62 on July 14, 1975.

Height: 6 feet 1 inch.

Weight: 194 pounds—16 less than when he assumed the Presidency in August, 1974.

Heart and vascular systems: "Excellent."

Pulse: 60 beats per minute—"slow . . . as generally seen in conditioned athletes."

Blood pressure: 120 over 70.

Cholesterol count: 275—within normal range of 190-310.

Eyes: Is nearsighted, requiring glasses only for distant vision.

Knees: Some minor degegerative changes in both knees, with tendency to swell occasionally after skiing.

Smoking: Six or seven pipeloads a day, with no pulmonary complications or irritation of mouth.

Workday: 14 to 15 hours, seven days a week in recent months.

Exercise: Follows vigorous daily routine, usually including weightlifting to strengthen knees, riding on exercise bicycle, calisthenics, quarter mile of swimming.

Medical history: Appendectomy as a child. Fracture of right collarbone at age 14. Knee operations in 1929 and 1972. Hemorrhoidal surgery in 1945. Heavy cold with sinus infection in October, 1975. Benign wart on left upper lip removed in December.

1ST STORY of Level 1 printed in FULL format.

Copyright (c) 1978 The Washington Post

March 26, 1978, Sunday, Final Edition

SECTION: Outlook; C1

LENGTH: 3260 words

HEADLINE: We Must Know More About Our Leaders' Health;
The Public's Right To Health Data

BYLINE: By Victor Cohn; Cohn a medical writer for the Washington Post, is currently a visiting fellow at the Harvard School of Public Health.

BODY:

DO WE Americans have a right to know whether our elected officials are physically and mentally fit to serve us?

Such a right is still far from established. Many doctors are only too willing to obfuscate for their political patients, to remain uninformative or inaccessible or to tell the public so much less than the truth that they mislead us.

As Dr. William J. Curran, professor of legal medicine at Harvard University, wrote in the New England Journal of Medicine last September, doctors treating public figures "have sometimes imposed too impenetrable a barrier around the patients - a white gauze curtain - to the extent of actually distorting the true picture."

The recent death of Sen. Hubert Humphrey of Minnesota, a case in which the public knew so little for so long about his 10-year bout with cancer, has brought this point sharply home again. But the Humphrey case is only the latest of several still in public memory, to say nothing of others more distant. There was the Eagleton affair, in which a man with a history of emotional breakdowns may have become vice president without the public ever learning of his medical past. There was the time during the Kennedy presidency when, in the midst of a crisis that could have led to nuclear war, the president was taking a medicine that often creates euphoria.

Such events prompt Dr. Joseph Fletcher, professor of medical ethics at the University of Virginia, to remark: "It seems absurd to have laws that requires candidates or public officeholders to disclose their bank accounts, but allow them to pursue office or function in office while secretly suffering illnesses that could interfere with their performance. I'd rather have a rich man, with some temptation to favor his investments, in public office than I would a man with a brain tumor."

Similarly, Dr. James Nicholas, who once treated President Kennedy, says: "It is appalling to have candidates running for office who have documented infirmities that they don't permit the public to know."

Harvard's Dr. Curran adds: "We need to begin to develop public policy and some kind of regular procedure" to give the public the facts about "the health of their officeholders . . . We need to think about putting into law such requirements . . . One place where we might start would be regular

(c) 1978 The Washington Post, March 26, 1978

examinations to measure the continuing capacity of those already in office."
Melancholia and Migraines

THE QUESTION is not whether illness or disability should automatically disqualify a person from public office. Abraham Lincoln suffered severe bouts of depression, known then as melancholia. Thomas Jefferson was often laid low with migraine headaches. Both Dwight D. Eisenhower and Lyndon Johnson won election after suffering heart attacks, and John F. Kennedy's admirers would maintain that made a better president with some adrenal insufficiency than Richard Nixon did at the height of his health.

But the point is that informed voters, not officeholders, should be the ones to make the decision.

Sen. Humphrey told me himself in April, 1976: "I don't believe in having sick people in office, though I don't say a person can't have minor disabilities and serve his country well." But politicians, like the rest of us, are not inclined to face their own mortality, to accept deadly diseases as more than minor disabilities, or to relinquish their power, and for a long time Sen. Humphrey was no exception.

Understandable as it may have been, his long reluctance to lay bare all his medical records might have had serious consequences. If he had won the Democratic Presidential nomination again in the summer of 1976, his illness would have left his party badly in the lurch. For once he checked into the Memorial Sloan-Kettering Cancer Center for drastic cancer surgery that October, just a month before the election, his race would have been ended.

As he said on that painful occasion: "There's no question that I would have had to step aside" as the candidate. That almost certainly would have thrown the race to Gerald Ford.

Yet even after that operation and after that statement by Humphrey, a Memorial Sloan-Kettering press release papered over the grim meaning of his advanced cancer. And when a few reporters explained that the press release meant a patient with Humphrey's condition had one chance in four of surviving five years, they were castigated by some persons close to Humphrey as heartless and misleading. These included the senator's personal physician, Dr. Edgar Berman, who called a Washington Post report "irresponsible" and "inaccurate."

CONSIDER the deaths of the Humphrey case. In June, 1937, when Humphrey was vice president, some red blood cells first showed up in his urine. As Dr. W. Dabney Jerman, his urologist, said later, that was "the beginning" of what turned out to be his fatal illness.

An examination a year later showed what was then termed a "dysplasia," or abnormality of his bladder lining. Although Humphrey was about to run for the presidency, scarcely anybody in the country was aware of his condition.

In the early 1970s most doctors began calling the type condition he had in situ carcinoma and talking it more seriously. Carcinoma means "cancer," and in situ means in a limited site, without the invasion of the surrounding area that sounds the greater alarm. Doctors differed, and still differ somewhat, on whether this condition should be attacked like a fully invasive bladder cancer. Doctors differed in the Humphrey case. But there was no public hint of this

(c) 1978 The Washington Post, March 26, 1978

debate, though Humphrey by then was back in the Senate representing Minnesotans.

In 1972 Humphrey's doctors began regularly using an anti-cancer chemical - as a "precaution" or "presentative," they said four years later, when this first became publicly known. Over the years, in fact, the physicians who actually treated Humphrey - a team headed by Dr. Jarman - remained largely silent, leaving press statements chiefly to Humphrey's medical adviser and friend, Dr. Berman. Berman consistently issued rosy views.

In 1973 the doctors treated a "more potentially cancerous" change with X-rays. This was publicized. But through 1974 and 1975 there was no mention of any further life-threatening problem or the continuing chemotherapy, though in situ carcinoma cells were still appearing in every examination.

The fact that Sen. Humphrey had been flirting with actual or incipient cancer since 1967 was finally disclosed by him and his doctors in April, 1976. This was done only in response to a press inquiry. That January, as Humphrey's name came to the fore as a presidential contender, those close to him recall, Humphrey suggested to Dr. Jarman that an honest statement be prepared to answer any inquiries. Thus the statement was ready when The Washington Post inquired (though Dr. Berman still argued publicly that the in situ carcinoma it described was not significant).

That summer Humphrey kept emphasizing his "excellent health." But when Medical World News, a physicians' magazine, broke new ground by successfully asking all the avowed presidential candidates for their medical records, Humphrey declined to release his because he had not formally declared himself.

That fall came his Memorial Sloan-Kettering cancer surgery. Some days later Dr. Willard Whitmore, the surgeon, issued the following statement:

"Sen. Humphrey continues to do exceptionally well in recuperating . . . The pathology report . . . indicates that the cancer was of low grade histologically, but had penetrated the bladder wall and involves some of the regional lymph nodes. A systematic regional lymph node dissection was performed. The margins of dissection were made clear by microscopic examination; no transection of the tumor occurred. There was no evidence of spread beyond the perimeter of surgery. Therefore, it is entirely possible that the surgery has been curative."

"Let Them Be Completely Candid"

AN ORDINARY reader might have interpreted such a statement as good news, meaning "they got it all." Wire services, TV networks and most newspapers indeed carried reports which said or implied that cheery outcome.

Only The Minneapolis Tribune, The New York Post and The Washington Post added the information necessary to make the meaning clearer: National Cancer Institute statistics show that in bladder cancer with lymph node involvement the five-year survival rate is only 23 per cent, whether all the obvious cancer is removed or not. Hubert Humphrey, of course, remained an individual to whom the statistics might or might not apply. But the Memorial doctors knew they were dealing with an alarmingly advanced case of a particularly recalcitrant type of cancer.

(c) 1978 The Washington Post, March 26, 1978

Humphrey, too, knew these facts and, according to a former Humphrey aide, he often told his staff: "Let the doctors, not the public relations people, make all the statements. Let them be completely candid. Nothing else will be credible." That he or his staff or his doctors did not always meet this goal may speak in part of politics, in part of human hesitation when an ugly disease must be faced.

And the evasion had not yet quite ended by then. Last August - when Humphrey entered the University of Minnesota Hospitals for what doctors there felt was certainly a further growth of his malignancy - the university's first statement, prepared by a Humphrey aide, told the public he was merely "accomodatt[ing] his vacation" by having a "checkup" and continuing his chemotherapy in Minnesota instead of Washinton.

This bald evasion deeply disturbed the university surgery chief, Dr. John Najarian. Najarian told a Humphrey aide that if he was expected to tell the public anything less than the truth, he would withdraw and let someone else do the surgery. He did not withdraw and he told the fuller truth: that Humphrey's cancer was "inoperable" and "terminal."

This was one of two recent cases of notable candor. Another doctor early last year insisted on giving the public the facts in a sensitive political case. The patient this time was Maryland's malfeasant governor, Marvin Mandel. A sudden stroke or apparent stroke had raised serious questions about his ability to stand a second trial after the first ended in a mistrial. His reported illness aroused skepticism among many persons who were convinced Mandel had found a new way to avoid facing justice.

A murky or overblown medical report might have helped Mandel avoid the second trial that ended his political life. But before even examining him, Dr. Marvin Korengold, the Washington neurologist consulted by Mandel's family doctor, told the governor that if he entered teh case, he would be candid with the public no matter what he found. Dr. Korengold was candid. He said Mandel had had a stroke but would in time be able to stand trial. Bot truth and justice were satisfied.

Historical Evasion

UNFORTUNATELY, however, such candor historically has been the exception, not the rule. President Grover Cleveland underwent cancer surgery on a yacht in New York harbor so that the news, so he said, wouldn't affect the stock market. Woodrow Wilson suffered a physical collapse in September, 1919, and a stroke a week later. For more than a year the nation was run in large part by his wife while Wilson's disappearance was only vaguely explained.

Americans learned of Franklin Roosevelt's failing heart and advanced hypertension only after his death. Dwight Eisenhower's physicians were generally candid about his illnesses, but John Kennedy never admitted that he had Addison's disease, conceding only to a onetime "adrenal insufficiency," which means the same thing. Nor did he disclose that he was taking steroids, which can make the taker unnaturally euphoric, and was taking them at the time of the Bay of Pigs and Cuban missile crisis.

Dr. Nicholas, the New York orthopedic surgeon who later gained attention as custodian of Joe Namath's knees, wrote the facts about Kennedy (as an unnamed former patient) in the Archives of Surgery in 1955. Another doctor who knew

(c) 1978 The Washington Post, March 26, 1978

Kennedy said to me a few years ago: "I treated him when he was a senator. I took care of him in moments of adrenal crisis. Throughout his campaign when there was more and more evidence that he was being treated with steroids, one could not help but wonder what kind of mental decisions he might make and about his emotional states."

Lyndon Johnson showed us his operative scar after his gall bladder operation and carried a copy of his electrocardiogram to show he had recovered from a heart attack. He did conceal the removal of a skin cancer, a highly curable one common to sun-beaten Texans.

Only this winter Sen. George McGovern disclosed his psychiatric consultants' reactions when they learned that his running mate, Sen. Thomas Eagleton, had a history of mental depression and hospitalization serious enough to require electro-shock therapy on two of his three stays. In his autobiography, "From Grassroots," McGovern writes that Dr. Karl Menninger reluctantly advised him that "for the interest of the nation . . . you can afford no risks and I would therefore hope and you would ask Mr. Eagleton to step down."

In this case as in others, the facts had long been concealed from the public. McGovern writes that "when [Eagleton] left for the Mayo Clinici in 1966 in a serious mental depression that resulted in weeks of hospitalization and electro-shock treatment, the story his office released was that he was at . . . Johns Hopkins . . . for treatment of a gastric disturbance."

When president Roosevelt's physician, Adm. Ross McIntyre, was asked by the press about Roosevelt's health shortly before FDR's reelection to a fourth term, he said it was "that expected of a man in his sixties" except for "a little sinus trouble." The press was successfully dissuaded, sometimes in force by the Secret Service, from ever photographing FDR sitting in his wheelchair, moving laboriously on his crutches or, more often as the years went by, being carried bodily from place to place.

There is no doubt that Eagleton's withdrawals as vice presidential candidate in 1972 helped prompt all the avowed presidential and vice presidential candidates in 1976 to agree to bare their medical records to Medical World News. Jimmy Carter not only released his, but insisted that all six contenders for the Democratic vice presidential slot do the same. One result was the first disclosure that then Sen. Walter Mondale had hypertension (successfully controlled by medication).

President Ford became the first president in office to reveal all the details of his routine physical - this, again, to Medical World News. But President Carter, who was so medically candid a candidate, has so far permitted the release of only an unspecific, 130-word press release - one with no corroborating details or statistics - on his latest physical, despite a request for a full report by the same medical magazine.

What of lesser officials? In 1972 New York Democratic Rep. William F. Ryan denied reports that he had cancer while running for reelection. He died during the campaign. In 1974 Manhattan District Attorney Frank Hogan was hospitalized for a "checkup," or so he said. He too actually had cancer. He was reelected - but had to resign because of his illness. The governor, not the voters, chose his successor.

(c) 1978 The Washington Post, March 26, 1978

Last September the suggestion that all major federal appointees and candidates for Congress routinely disclose their medical histories was made by Federal Judge Frank M. Johnson Jr., who had just been nominated to head the FBI. Ironically, he made it while he was recovering from surgery; when he was slow to recover, he had to give up the job.

Harvard's Dr. Curran thinks that even the Johnson suggestion might not be enough. What we need, he says, is "not just disclosure of the statement of a physician engaged by the patient" - or, in the case of a president, the statement in most instances of a military doctor - but "an independent, nonpartisan medical evaluation." Dr. Curran thinks such a requirement should be written into the law governing presidential succession, which now allows a president to make his own decision about his capacities.

The University of Virginia's Dr. Fletcher thinks doctors sometimes should go even further on their own. He believes that if a president or presidential candidate refuses to reveal "whatever information is relevant to the public's ability to form a judgment [on] whether he is competent to serve," the physician should speak up if the facts are "manifestly vital to the public's interest."

"When the greatest good of the greatest number is at stake, no individual's rights or interests should be allowed to dominate," he contends. "This is a problem that arises in medicine all the time. Sometimes the veil of professional secrecy has to be lifted to protect a family or the public."

Dr. Fletcher cites a case where secrecy should have been lifted but was not: "That of Winston Churchill. In the last year or more of his tenure as prime minister, his deterioration was both mental and physical. He was subject because of changes in his brain to all sorts of odd and outrageous behavior and ideas. The cabinet was puzzled and, because of respect for him, reluctant to act. Had Lord Moran, his physician, told them, 'He is a man suffering from a physical breakdown and unreliable to rely on,' they would have acted. Interestingly, it was Mrs. Churchill rather than Lord Moran who finally told them he was really not competent."
When Private Matters Become Public

SOME DOCTORS probably will continue to obfuscate or remain silent on demand. They might note that the American Medical Association's Judicial Council, the main arbiter of American medical ethics, has said a doctor may not discuss a patient's health with the press without the consent of the patient or a representative.

But the council added: "Public figures are in a different position, in regard to publicity, than the ordinary citizen. One of the penalties of being in the public eye is the automatic surrender of a portion, at least, of one's right of privacy A patient by virtue of his position may have an obligation to others. If so, he must know and discharge that obligation (to the electorate or to the stockholders or to others to whom he is responsible). The physician should insure the accuracy of any authorized report A physician may, within the limits of good taste, encourage the patient or his family to state the cause of illness when this information is requested by a bona fide representative of the press."

By Dr. Najarian's and Dr. Korengold's examples last year, physicians should not only encourage disclosure, but in some cases refuse to take the patient

(c) 1978 The Washington Post, March 26, 1978

without it. The doctor who does less may cure his patient but damage the public and injure his own reputations as well.

Dr. Curran does not think Americans would lightly or foolishly turn thumbs down on an officeholder or seeker for any but the most serious mental or physical reasons. He says: "The knowledge and sophistication of the American public about disease and treatment is much more sophisticated than we sometimes think. We're living with a good deal of chronic disease in this country. And the public tends to be eternally optimistic."

But whatever the decision, it should be the public's.

GRAPHIC: Illustration 1, no caption, by Ray Driver for the Washington Post; Illustration 2, no caption, by John Twohey for the Washington Post; Picture, Dr. John Najarian explains operation performed on Sen. Hubert Humphrey. UPI