



CONFRONT THE ISSUE

FDR'S HEALTH

TOUCH TO BEGIN



CONFRONT THE ISSUE

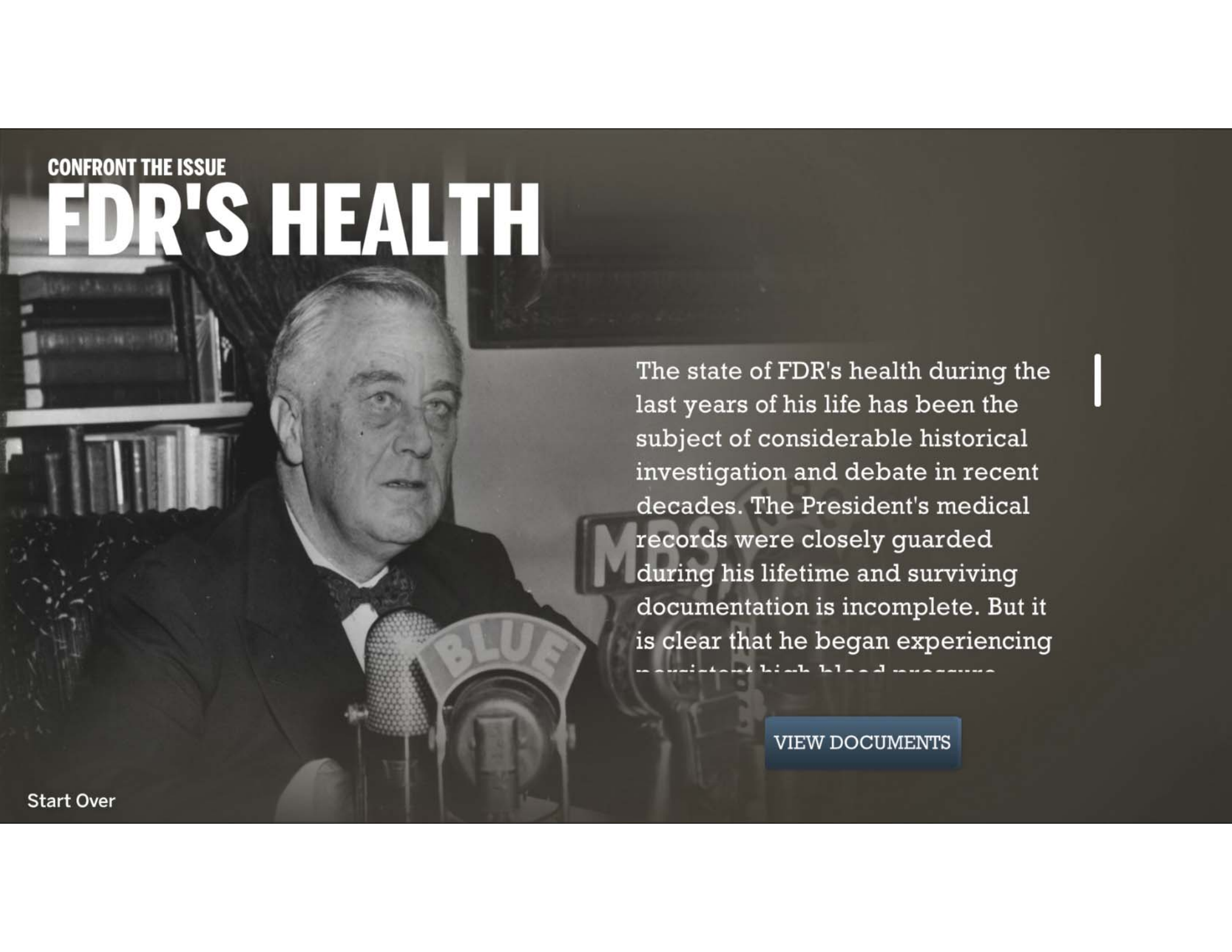
FDR'S HEALTH

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and excerpts from
the historical debate.

The state of FDR's health during the last years of his life has been the subject of considerable historical investigation and debate in recent decades. The President's medical records were closely guarded during his lifetime and surviving documentation is incomplete. But it is clear that he began experiencing persistent high blood pressure around 1940. Eventually, he developed severe hypertension and an enlarged heart. Beginning in late 1943 his health declined noticeably.

Roosevelt's personal physician, Rear Admiral Ross McIntire, surgeon general of the navy, was an ear, nose and throat specialist. He did not recognize the nature of the President's illness. FDR's heart disease remained undiagnosed until his daughter, Anna, became concerned and arranged to have him examined on March 27, 1944, by Dr. Howard Bruenn, a young Navy cardiologist. Bruenn made an immediate diagnosis and had the President placed on a regimen that included a low fat diet, digitalis, and weight reduction. Drugs to reduce blood pressure were not available at that time. To ease the stress on his heart and address his growing fatigue, FDR's doctors eventually had him limit his working day to 2-4 hours.

FDR's declining health has led to speculation that he ran for reelection in 1944 knowing he might not survive a fourth term. Some critics even argue that Stalin took advantage of an ailing President at the Yalta Conference to secure control of Eastern Europe. Most historians maintain FDR's illness did not affect his action at Yalta. He did suffer from extreme fatigue, but he remained mentally alert until the end of his life.



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Examination Report by Dr. Howard Bruenn

March 27, 1944

Shortly after returning to Washington from the Teheran Conference in December 1943, FDR developed a wracking cough and fatigue that would not go away. He began to lose weight. Eleanor Roosevelt became concerned, and she alerted the White House physician and Surgeon General, Vice Admiral Ross T. McIntire. But McIntire was an ear, nose, and throat specialist whose chief tasks were to relieve the President's almost constant sinus trouble and to be good company. The Roosevelts' daughter Anna demanded that McIntire schedule a thorough examination of the President. McIntire arranged for Roosevelt to go to Bethesda Naval Hospital on March 27, 1944, and he selected cardiologist Dr. Howard Bruenn to do the examination. It revealed that FDR suffered from reduced lung capacity, high blood pressure, acute bronchitis, and congestive heart failure. In this report to Bethesda's commanding officer, Captain John Harper, Bruenn describes the results of the exam and recommends a period of rest, the use of digitalis to regulate the heart rhythm, dietary changes, and sedated sleep.

Howard Bruenn Papers; FDR-Medical Information; Box 1

Memorandum to Captain Harper:

Fluoroscopy and X-ray of the heart show a distinct increase in the size of the cardiac shadow as measured in the anterior posterior position. The contractions along the left border in this view are limited, although more vigorous pulsations are noted posteriorly in the left anterior oblique position. The enlargement of the heart is mainly of the left ventricle. The great vessel shadow has also increased in size. This enlargement is apparently due to a diffusely dilated and torturous aorta and includes the ascending, arch, and thoracic portions.

In view of the continued low grade pulmonary infection, cough and dyspnoea on effort it is suggested that these symptoms might well be aggravated by, or due to, the presence of early left ventricular failure with engorgement of the pulmonary vessels.

Therapy suggested:

- (1) Rest with nursing care for a period of 1 - 2 weeks.
- (2) Digitalization. 1/4 gram digitalis every day for 5 days; subsequently 1/1 gram every day.
- (3) A light easily digestible diet, Portions are to be small and salt intake is to be restricted. Potassium Chloride in a salt shaker may be used as desired for seasoning.
- (4) Sedation should be employed, to insure rest and a refreshing night's sleep.

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FDR's Blood Pressure Record April 9 – May 1, 1944

Dr. Bruenn's diagnosis of congestive heart failure alarmed Admiral McIntire, the Surgeon General. He quickly organized a March 29, 1944 conference of highly respected specialists to review Bruenn's findings. This group included Dr. James Paullin of Atlanta, Dr. Frank Lahey of the Lahey Clinic in Boston, and Captain Harper, Bethesda's commanding officer. Paullin and Lahey examined the President themselves later that day. Although FDR's condition concerned them, they were not convinced that his heart issues were as severe as Bruenn asserted. Bruenn refused to alter his diagnosis. He was then assigned to serve as the President's personal physician. On April 8, Bruenn accompanied FDR to South Carolina for a month-long rest at the estate of wealthy presidential adviser Bernard Baruch. While there, Bruenn closely monitored FDR's high blood pressure. He later prepared this report.

Anna Roosevelt Halsted Papers; FDR-Medical: Blood Pressure Statistics; Box 66

WASHINGTON, D.C.

April 9, 1944

9th 202/102 P.M. 198/98
 10th 196/94 " 200/104
 11th 192/96 " 204/100
 12th 200/102 " 204/98
 13th 198/100 " 202/98
 14th 206/100 " 200/96
 15th 208/102 " 196/100
 16th 215/102 " 206/120
 17th 216/120 " 206/116 (Dr. Bruen 4th sound)
 18th 220/120 (4th sound) Unicap i; KI μ x t.i.d. ac.
 19th 218/120 P.M. 204/104
 20th 212/108 Noon 210/98 9:54 p.m. 190/100 (KI discontinued)
 21st 9:05 a.m. 234/126; 10:a.m. (sitting) 210/116; 10:05 a.m. 218/120
 (prone, both arms checked) 6:45 p.m. after outing 214/120;
 9:50 p.m. 220/114.
 22nd 9:30 a.m. 214/120; 11:30 a.m. 210/114; 6:30 p.m.
 (after boat trip) 208/110.
 23rd 10:15 a.m. 214/118 (2 $\frac{1}{2}$ hr drive) 9:45 212/114.
 24th 10:a.m. 222/122 10:30 p.m. 220/116
 25th 10:05 224/116 10 p.m. 214/106 (after luncheon party).
 26th 10. a.m. 214/112 10;30 p.m. 222/110
 27th 10:15 a.m. 222/118; 9:45 p.m. 210/114
 28th 224/124 P.M. 230/120 (one additional digit tablet
 Tuesday and Friday)
 29th 9:a.m. (on awaking) 196/112; (sitting after breakfast) 10;10
 236/120; (Prone, after E.K.) 220/118; 2:15 (after lunch)
 236/112 (Thesodate discontinued)³ 9:30 p.m. 210/110
 30th 8:45 (Prone, on awaking) 210/110; (after breakfast) 10:00
 206/104; ; after lunch 208/114; 9:00 p.m. 234/120
 May 1st. Prone 9:a.m. 220/116; Noon 210/110; 2 p.m. (after lunch
 210/106; 10:30 p.m. 210/112.

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FDR'S HEALTH

FDR's Physical Examination Report May 10, 1944

During his four weeks in South Carolina, FDR was kept to a very limited schedule. When he arrived, he said “I want to sleep and sleep. Twelve hours every night.” The President remained in close touch with the White House and his military advisers, but all his other activities were severely reduced. He recovered sufficiently to go fishing a few days before the end of the trip. Shortly after returning to the White House, FDR was once again examined by a team of doctors. This examination report prepared by Admiral McIntire appeared to demonstrate that FDR had regained his health. But in reality, the President's blood pressure remained alarmingly high, averaging 196/112 in the morning and 194/96 in the evening.

Ross T. McIntire Papers; Collier's Article-“Unconquerable Spirit”; Letters, 1946; Box 2

PHYSICAL EXAMINATION

This is a typical examination which was carried out in complete detail beginning on May 10, 1944:

Temperature: 98.6

Pulse: 72

Respiration: 20

General Appearance: Looks very well; states he feels definitely better and that during the past two weeks has been able to eat with apparent appetite, although he still insists on cutting down volume.

Examination Lungs: Entirely clear

Heart: As before, apical impulse is in the anterior axillary line. The first sound at apex is of relatively good tone -- A₂ is greater than P₂.

Abdomen: Soft - no masses.

X-ray Examination of Chest: Lung fields clear; cardiac measurements show no change over previous examinations; broad diameter 13.5

Gall bladder series done: Show good functional response; the double-dose oral method employing piradax produced excellent visualization of gall bladder.

X-ray Examination of gastro-intestinal tract shows no abnormalities.

Blood Picture: Red cells 4,200,000 -- white cells 7400. Distribution of white cells not remarkable.

Urine concentration: 1.006 to 1.028

Consultation conducted by Doctors, Harper, Duncan, Dickens, Behrens, and Bruenn.

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FDR's Treatment Plan May 1944

Today, high blood pressure—or hypertension—is treated with medication. But in 1944, medications had not yet been developed to control hypertension. The only treatment then available was to regulate the external factors that affected blood pressure, including the amount of stress and activity, diet, and tobacco use. The President's work schedule was reduced to four hours in the office per day, preferably with “no irritation.” Regular rests and quiet meals were also prescribed. He was forbidden to swim in the White House pool and required to reduce his drinking and smoking.

Anna Roosevelt Halsted Papers; FDR-Medical: Treatment & Medication; Box 66

U. S. NAVAL HOSPITAL
NATIONAL NAVAL MEDICAL CENTER
BETHESDA, 14 MARYLAND

TREATMENT

For respiratory infection: Continue cough mixture - Ammonium carbonate, grams 1; Codeine sulphate, grams 1/8; with Syrup cocillana.

For Hypertension: Daily routine emphasizing limitation of activity.

Breakfast in quarters.

Office - preferably no irritation. 2 hours

Lunch in quarters.

Rest lying down. 1 hour

Office - preferably no irritation. 2 hours

Massage and ultra violet light.

Rest lying down. 1 hour

Dinner in quarters.

Sleep. 10 hours

NOTE: No swimming for present.

Diet: Smooth - eliminating flatulence producing foods. 2600 calories.
Fluids - fair amount. High vitamin tablet daily with breakfast.

Bowels: Keep open. Avoid effervescent laxatives. Avoid straining at stool.

Liquor: If desired can have occasional drink, preferably plain.

Tobacco: In moderation.

Further examinations to be carried out.

1. Urine for dilution and concentration. If urine fails to satisfactorily dilute - digitalis to be administered. If dilution is satisfactory but cough persists, or there is evidence of dyspnea - nocturnal or otherwise - digitalis to be administered.
Theobromine calcium salicylate to be given with digitalis.

2. Basal metabolic rate prior to administration of thyroid.

3. Other examination desired include eye grounds, dental, prostate, hemorrhoids, stool for ova and parasites and clinical examination of left maxillary antrum and othmoids.

Minimum of two weeks time will be required for the evaluation of the findings at which time X-rays of the chest and E.C.G. to be repeated.

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The President's Daily Routine May 5, 1944

The treatment plan reducing the President's activities was fleshed out in greater detail into a daily schedule that his doctors insisted he follow closely. His day started with breakfast in bed in his White House bedroom. He then went to the Oval Office for two hours of work. After lunch in his White House quarters, he rested in bed, and then returned to the Oval Office for an additional two hours before ending his day with a massage, another rest, and dinner in his quarters. Evening work was prohibited, and 10 hours of sleep was prescribed. So in May 1944, one month before the D-Day invasion, the President of the United States was limited to four hours of work per day.

Ross T. McIntire Papers; Collier's Article- "Unconquerable Spirit"; Letters, 1946; Box 2

Ross McIntire
Boys

5 May 1944

Daily routine.

8:30 to 9:00 A.M. - Breakfast in quarters

11:00 to 1:00 PM - Office - 2 hours

1:00 PM to 2:00 PM - Luncheon in Quarters
No business guests.

2:00 PM to 3:00 PM - Rest lying down

3:00 PM to 5:00 PM - Office - 2 hours

45 minutes Massage and ultra violet light
Rest before dinner - lying down

7:30 PM to 8:00 PM - Dinner in Quarters

No night work

Sleep - 10 hours

Diet - Smooth - 2600 calories
High vitamin additions.

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Diet for the President September 9, 1944

Much to his displeasure, the President's diet was also closely regulated. The White House cuisine was never particularly good during the Roosevelt years, and under the watchful eye of the chief housekeeper Henrietta Nesbitt, FDR's medically regulated diet got even blander.

Howard Bruenn Papers; FDR-Medical Information; Box 1

Mr. Buenn.

THE WHITE HOUSE
WASHINGTON

9 September, 1944.

Diet for THE PRESIDENT

RULES TO BE OBSERVED IN COOKING:

1. Avoid all fried, greasy food.
2. Avoid all smoked and cured meat and fish.
3. Avoid highly seasoned foods.
4. Avoid pastry, pie and rich desserts.
5. Avoid gaseous vegetables such as:
cabbage, cauliflower, broccoli, brussel sprouts,
cucumbers, rutabaga, turnips, and dried beans.
6. Use salt sparingly in cooking.

G. H. Nelson.

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Examination Report Summary September 20 – October 4, 1944

After living under the new schedule and dietary regime for several months, a new round of examinations by a group of Bethesda doctors, including Dr. Bruenn, seemed to show that FDR was responding well. In this summary prepared by Surgeon General McIntire, FDR's blood pressure averages had lowered, and there appeared to be "no cardiac symptoms at any time." But a comment in the report that the "patient" was "under weight" was an understatement. FDR had lost thirty pounds since March, and he could not regain it. The likely cause of the weight loss was cardiac cachexia, a condition associated with congestive heart failure. But some authors have asserted that the cause may have been abdominal cancer resulting from untreated melanoma.

Ross T. McIntire Papers; Collier's Article- "Unconquerable Spirit"; Letters, 1946; Box 2

September 20 to October 4, 1944

Physical examination conducted through this period.

Temperature - 98.6 - no elevations.

General appearance - color good.

Present weight 172.

Lungs clear.

Heart - No cardiac symptoms at any time - Sounds are good in character.

Pulse rate ranges 68 to 74.

Blood pressure of labile type.

Systolic ranging from 165 to 180.

Diastolic from 88 to 100.

Electrocardiogram show no changes from that of May examination.

Patient more relaxed and at ease.

It is noted that only small annoyances cause any rise in systolic pressure.

Kidney function - normal.

Liver function - normal.

Blood picture - Shows no anemia or any abnormality.

Blood chemistry - All levels in normal limits - Sedimentation rate sets in normal range.

Conclusion - General condition satisfactory.

Rest routine must be continued.

Cardiovascular system shows moderate arteriosclerosis - Retenal vessels now can appear normal - Dilution - concentration tests - Urine - 1.004 - 1028. Completely satisfactory.

Patient under weight.

No changes in diet recommended except more vitamins.

Consultants - Drs. Harper, Duncan, Behrens, Dickens and Bruenn.

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FDR Accepting the 1944 Democratic Nomination July 20, 1944

There was no question that Roosevelt would run for a fourth term in 1944. FDR believed that he had a duty to see the war through to the end. But it was clear to several leading Democratic politicians that Roosevelt was ill, and the question of his running mate became a hotly contested issue. Indeed, in early July 1944, Dr. Frank Lahey, a highly respected internist from Boston who had been part of the group that examined FDR in March, advised Surgeon General McIntire that he believed the President would not survive another full term in office. FDR did not attend the 1944 Democratic Convention in Chicago. But before departing Washington on a trip to California and Hawaii, he advised the convention chairman of his willingness to accept Senator Harry Truman as a running mate in place of Henry Wallace. On July 20, 1944, FDR accepted the nomination in a radio address delivered from his train car in San Diego. The picture that appeared in the next day's newspapers horrified the White House because it showed a thin, slack-jawed FDR. The image fed the rumors beginning to circulate about the President's health.

FDR Library Photograph Collection; FDR-July 1944; NPx 69-26



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Letter to FDR from Interior Secretary Harold Ickes July 3, 1944

The President's noticeable weight loss and schedule changes led to rumors about his health in the press and political circles. Surgeon General McIntire continued to insist that the President was in good health, although suffering from periodic bouts of sinusitis, bronchitis, influenza, and other common maladies that he could not shake. As the 1944 campaign season got underway, the health rumors provided fodder for FDR's political opponents. A "whispering campaign" began to circulate that FDR was a sick, "tired old man" who could not govern the nation or lead the war. FDR's 1944 Republican opponent, Governor Thomas E. Dewey of New York, expanded the "tired old man" line of attack to include all of those in FDR's inner circle. In this letter to FDR, Interior Secretary Harold Ickes suggests ways to counter Dewey's attacks.

Official File 3850: Thomas E. Dewey



file

3850

THE SECRETARY OF THE INTERIOR

THE WHITE HOUSE WASHINGTON

JUL 3 11 36 AM '44

July 3, 1944.

RECEIVED

My dear Mr. President:

Here I come again bearing coals to Newcastle, but I cannot refrain from pointing out to you the obvious fact that Dewey's speech of acceptance was the opening of a wide door of opportunity that can be entered to his disadvantage.

x4070 I admit that his "tired old men" issue on the surface, is a good one. But for that very reason it should be met vigorously both by frontal attack and by out-flanking maneuvers. I have always believed that the stronger the issue raised in a political campaign, the more determinedly it must be met. My view is that we ought to meet this issue head on. If we try to evade it, we will make it more important. And if we must accept it, it should be done before too long because the more time that Dewey has to press it home, the more people will be influenced and the more difficult it will be to counteract it.

I am in favor of telling the country, so that all may hear, just what we "tired old men" have done, with particular emphasis on what has been accomplished in connection with the war. Even Dewey admits those accomplishments when he abdicates in advance as Commander-in-Chief of the Army and the Navy under the Constitution and assures the country that those two "tired old men", General Marshall and Admiral King, are doing such a magnificent job that he proposes that they be let alone. And who has been responsible for the original elevation to, and continuance in war-time powers of, these two "tired old men?" Who but a certain other "tired old man" called to and kept in the public service others older and presumably at least as tired as he? Then there are such men as Henry Stimson and Frank Knox, in addition to whom there are other "tired old men" who have made undeniably outstanding contributions to the war.

A partial catalogue of the accomplishments during this Administration of "tired old men" would put Mr. Dewey's issue right back in his snug little lap with the detonating power of one of the German robot airplanes.

But then, of course, you know all of this.

Sincerely yours,

Harold L. Ickes

Secretary of the Interior.

The President,
The White House.

x6

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New York City Police Department Schedule of FDR's Campaign Tour October 20, 1944

As the “whispering campaign” about FDR’s health began to gain traction, it became imperative that the President show the country he was still vigorous and effective. In September, Roosevelt delivered his famous “Fala Speech” demonstrating that he still had his old campaign magic. On October 20, 1944, FDR toured New York City in an open car amid a cold, driving rain. Thousands of people lined the streets to see the President. Along the way he delivered an outdoor campaign speech at Brooklyn’s Ebbets Field, after which he was stripped down, warmed up, and dressed in a dry set of clothes. The open car tour then continued. That night, FDR delivered a major foreign policy address at the Waldorf-Astoria hotel. Additional appearances in Philadelphia, Chicago, and Boston showed the nation that he could still hold up to the strains of a campaign and, therefore, the presidency.

U.S. Secret Service Records; 103-1, Protection of the President; New York, October 1944; Box 6

POLICE DEPARTMENT
CITY OF NEW YORK

October 20, 1944

TO COMMANDING OFFICERS CONCERNED:

The President of the United States and his party will leave the Brooklyn Army Base Terminal, Bay Ridge, Brooklyn at about 9:35 A.M., October 21, 1944, and proceed to the Brooklyn Navy Yard, via 58th Street, to Fourth Avenue, to Ashland Place, to Navy Street, to Flushing Avenue, to Cumberland Street Gate of the Navy Yard, arriving there at about 9:50 A.M.

At about 10:20 A.M., the Presidential Party will leave the Navy Yard for Ebbets Field via the Cumberland Street Gate to Cumberland Street, to Park Avenue, to Tillary Street, to Washington Street, to Fulton Street, to Bedford Avenue, to Bedford Avenue Gate of Ebbets Field, arriving there at about 10:35 A.M.

At about 10:55 A.M., the Presidential Party will leave Ebbets Field for the United States Naval Training School, Women's Reserve, (Hunter College) Bronx via Bedford Avenue Gate to Bedford Avenue, to Empire Boulevard, to Washington Avenue, to Classon Avenue, to Eastern Parkway, to Pitkin Avenue, to Pennsylvania Avenue, to Interboro Parkway, to Metropolitan Avenue exit, to Union Turnpike, to Queens Boulevard, to 39th Street, to Bridge, to Steinway Street, to Astoria Boulevard North, to entrance to the Triborough Bridge, across the Triborough Bridge to Bruckner Boulevard, to 138th Street, to St. Ann's Avenue, to 149th Street, to Prospect Avenue, to Boston Road, to Southern Boulevard, to East Tremont Avenue, to Washington Avenue, to Fordham Road, to University Avenue, to Kingsbridge Road, to Reservoir Avenue, to Goulden Avenue, to Hunter College, arriving there about 12:10 P.M.

At about 12:30 P.M., the Presidential Party will leave Hunter College and proceed south on Goulden Avenue to Reservoir Avenue, to Kingsbridge Road, to Grand Concourse (center lane), to 161st Street, to Macombs Dam Bridge, across Macombs Dam Bridge to Seventh Avenue, Manhattan, to 110th Street, to Broadway, to 45th Street (Times Square), to 7th Avenue, to 34th Street, to Fifth Avenue, to Washington Square North, to Washington Square West and Waverly Place arriving there at about 1:05 P.M.

At about 7:00 P.M., the President will leave 29 Washington Square West and proceed to the Waldorf-Astoria Hotel via Washington Square West, Washington Square South, to Fifth Avenue, to 49th Street, to 49th Street driveway entrance to the Hotel, to address the Foreign Policy Association in the Grand Ballroom.

The President will then enter the east elevator in the hotel and proceed to the third floor to a location in the corridor about 15 feet south of the elevator where the President will receive about 45 distinguished guests.

At about 8:00 P.M., the President will proceed to the Dais on stage in the Grand Ballroom and will deliver an address from 9:30 P.M. to 10:00 P.M.

At the conclusion of the address the President will leave the Dais and return to the east elevator and proceed to the ground floor, to the 49th Street driveway entrance to the hotel, to the elevator on street level at driveway entrance on 49th Street, to railroad platform on the special track in sub-basement of the hotel where he will entrain.

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FDR on His Final Campaign Tour of the Hudson Valley November 6, 1944

Following a tradition established in 1932, FDR ended the 1944 presidential campaign with a final tour of his beloved Hudson River Valley. With his Treasury Secretary, friend, and fellow Dutchess County resident, Henry Morgenthau, Jr., Roosevelt drove throughout the Hudson Valley on November 6, waving to his neighbors. He stopped now and then to visit and shake hands with familiar figures. That night, he addressed the nation from his home in Hyde Park, “Tomorrow, you the people of the United States again vote as free men and women, with full freedom and choice—with no secret police watching over you. And for generations to come, Americans will continue to prove their faith in free elections.” The next day, Franklin Roosevelt was elected to his fourth term.

FDR Library Photograph Collection; FDR-November 1944; NPx 59-239



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Diary of Presidential Secretary William D. Hassett March 30, 1945

FDR returned from the 14,000 mile trip to the Yalta Conference on February 28, 1945. The next day, he appeared before a Joint Session of Congress to report on the conference. His delivery of the speech was erratic, and he made frequent rambling departures from the written text. The President remained in Washington until March 24, when he went home to Hyde Park for a few days. He returned to Washington on March 29 for a day, and then continued on to Warm Springs. Everyone hoped that Warm Springs would rejuvenate the President, as it had always done before. But FDR's traveling secretary, William D. Hassett, grew increasingly worried about the President's condition. Hassett pulled Dr. Bruenn aside to express his concerns, which he later recorded in his diary: "He is slipping away and no earthly power can keep him here...To all the staff, to the family and with the Boss himself I have maintained the bluff; but I am convinced that there is no help for him."

William D. Hassett Papers; Diary, December 23, 1944-May 13, 1945; Box 22

sunny. A great crowd out to welcome the President who drove his own car to the Little White House atop the hill where he remained for the rest of the day. Hope he gets the rest which he so much needs.

Tonight had another talk with Howard Bruenn about the President's health. I said: "He is slipping away from us and no earthly power can keep him here."

Bruenn demurred. "Why do you think so?" he asked. I told him I understood his position - his obligation to save life, not to admit defeat. Then I reminded him that I gave him the same warning when we were here last December. He remembered. I said: "I know you don't want to make the admission and I have talked this way with no one else save one. To all the steps, to the family and with the Boss himself I have maintained the bluff; but I am convinced that there is no help for him."

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Dr. Howard Bruenn's Examination Report of FDR's Last Day April 12, 1945

Dr. Bruenn examined FDR shortly after the President woke up on April 12, 1945. With the exception of a slight headache and neck stiffness, he seemed in a chipper and talkative mood. After dressing FDR, the President's valet wheeled him out of the bedroom of the Little White House, and Roosevelt greeted his guests: his cousins Margaret "Daisy" Suckley and Laura Delano, Lucy Mercer Rutherfurd, and the portrait artist Elizabeth Shoumatoff. While posing for Shoumatoff, FDR worked with secretary William Hassett on the day's mail and paperwork. Shortly after 1:00 p.m., FDR complained of a "terrific headache" and slumped in his chair. Dr. Bruenn was called immediately to the cottage and remained with the President until his death at 3:35. He recorded his observations in this report.

Howard Bruenn Papers; Clinical Notes on Illness and Death of President Roosevelt; Box 1

4-12-45

This A.M., the President was seen at 9.20 - a few minutes after he had awakened. He had slept well but complained of a slight headache and some stiffness of the neck. He ascribed this to a soreness of the muscles and relief was experienced with slight massage.

He had a very good morning and his guests commented upon the fact as to how well he looked. He was sitting in a chair - as the subject of some sketches which were being made by an artist - when he suddenly complained of a terrific occipital headache. He became unconscious within a minute or two later.

1:30 P.M.
to
2:30

When seen 15 minutes later, he was pale, cold and sweating profusely. He was totally unconscious with fairly frequent tetanic contractions of mild degree. Pupils of the eyes were at first equal, but in a few minutes the left pupil became widely dilated. The lungs were clear but he was breathing stertorously - but regularly. Heart sounds were excellent, heart rate 96/min. B.P. - systolic was well over 300 mm. of Hg. - diastolic 190 mm. He had voided involuntarily.

Warmth, in the form of hot water bottles and blankets was applied, and papavarine 1 gr. was administered I.V. Amylnitrite were also given in order to relieve the apparent intense vasoconstriction.

Reflexes - unobtainable in legs. - Right elbow ///

2:45

Color is much improved. Breathing a little irregularly and stertorously but deeply. B.P. has fallen to 240/120. Heart sounds good - 90/min.

3:15

B.P. 219/110. Heart rate 96/min. Right pupil still widely dilated, but left pupil, from moderate constriction, has become moderately dilated. Occasional spasm of rigidity with marked slowing of respiration. During latter phases - has become cyanotic.

3:30 Pupils are now approximately equal. Breathing has become irregular but of good amplitude.

3:31 Breathing suddenly stopped and was replaced by occasional gasps. Heart sounds not audible.

Artificial respiration begun, caffeine sod. benzoate given I.M.
Adrenalin administered into the heart muscle.

3:35 Pronounced dead.

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FDR'S HEALTH

HISTORICAL PERSPECTIVES

In the 1944 campaign, when lost weight, thinning hair, and heavily furrowed face all too plainly showed the toll taken by crowded years, rumors as to [FDR's] condition revived and had the sweep of a prairie fire. It became "common knowledge," according to wagging tongues, that the President had suffered a paralytic stroke, that he was being treated for cancer of the prostate, that he was the victim of a mental breakdown, and, favorite whisper of all, that his heart had played out. Time and again it was specifically asserted that he was in a hospital for some major operation, although there was never any agreement on the city. One whisper said Miami, and another Chicago. In not one of these rumors was there a grain of truth. The President never had a stroke, never had any serious heart condition, and never underwent other operations than the removal of a wen [a harmless skin growth] and the extraction of an infected tooth....Today, however, as a result of the President's sudden death, there is a growing conviction that these rumors had a base in solid fact...I am judged as having deliberately deceived the people of the United States by the issuance of statements that the President was sound organically and in fairly good health....In 1943, 1944, and the months in 1945 just prior to his passing, checkups were frequent and exhaustive. It was on the strength of those repeated examinations, made under my direction by competent specialists, and on the basis of reports rendered by distinguished consultants, that I issued my statements to the press in the spring and fall of 1944....They were not "glowing" in the sense that they painted the President as a perfect physical specimen, but a cautious judgment that he was in "excellent condition for a man of his age." I stand by that judgment today without amendment or apology (emphasis in original).

Vice-Adm. Ross T. McIntire, Surgeon General of the Navy, White House Physician (G.P. Putnam's Sons, 1946), 14-17



White House Physician

Here for the first time is an authoritative and revealing picture of Franklin D. Roosevelt, by his doctor, confidant, and intimate friend. This is the real story of the man and the statesman, of the motives behind his acts, political and personal, of his fight against infirmity, of the people about him, and his off-the-record observations on men and events.

Vice-Admiral ROSS T. McINTIRE

Surgeon General of the Navy

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CONFRONT THE ISSUE

FDR'S HEALTH

HISTORICAL PERSPECTIVES

In the case of President Franklin D. Roosevelt, rumors about the state of his health began to be bruited about as early as 1936, nine years before his death. These speculations continued throughout the remainder of his life and rose to a crescendo of debate and uncertainty after his death. To my knowledge, no factual clinical information regarding his health and illnesses and the events leading to his death has ever been published. For the record and its accuracy, these notes are presented. The original hospital chart in which all clinical progress notes as well as the results of the various laboratory tests were incorporated was kept in the safe at the U.S. Naval Hospital, Bethesda, Md. After the President's death this chart could not be found....[Based on the author's examination of the President on March 27, 1944], a diagnosis was made of hypertension, hypertensive heart disease, cardiac failure (left ventricular), and acute bronchitis. These findings and their interpretation were conveyed to Surgeon General McIntire. They had been completely unsuspected up to this time, and a memorandum of recommendations [including one to two weeks of bed rest with nursing care and treatment with digitalis]...was rejected because of the exigencies and demands on the President....When I saw the President at the White House on March 28, 1944, the physical signs were essentially unchanged....On the basis of the history, physical findings, and the few functional tests performed, it seemed apparent that some degree of congestive heart failure was present, and digitalization was again suggested to the Surgeon General as an essential form of therapy....I have often wondered what turn the subsequent course of history might have taken if the modern methods of controlling hypertension had been available.

Howard G. Bruenn, M.D., "Clinical Notes on the Illness and Death of President Franklin D. Roosevelt," reprinted from Annals of Internal Medicine 72: 579-591 (1970)

Clinical Notes on the Illness and Death of President Franklin D. Roosevelt

HOWARD G. BRUENN, M.D., F.A.C.P., New York, New York

UNTIL the past 15 years the illnesses of a President of the United States had not been exposed in the public press. Indeed, in most instances not only have the details been obscure but the very fact that illness existed has been not infrequently denied. In the case of President Franklin D. Roosevelt, rumors about the state of his health began to be bruited about as early as 1936, 9 years before his death*. These speculations continued throughout the remainder of his life and rose to a crescendo of debate and uncertainty after his death. To my knowledge, no factual clinical information regarding his health and illnesses and the events leading to his death has ever been published. For the record and its accuracy, these notes are presented. The original hospital chart in which all clinical progress notes as well as the results of the various laboratory tests were incorporated was kept in the safe at the U. S. Naval Hospital, Bethesda, Md. After the President's death this chart could not be found.

Examination in March 1944

I first saw President Roosevelt professionally in March 1944. I was then an officer in the U. S. Naval Medical Corps (Reserve) stationed at the U. S. Medical Hospital, Bethesda. My position on the staff was consultant in cardiology to the National Naval Medical Center and to the Third Naval District. I was also in charge of the Electrocardiograph Department of the Hospital. Surgeon General Ross McIntire was the personal physician of the President.

The President was brought to the Hospital on March 27, 1944, for a checkup at the suggestion of

Dr. McIntire. As part of this examination, I was asked to see him. He was brought to the office in his wheel chair and lifted to the examining table by attendants. (It was common knowledge that a very severe attack of poliomyelitis in 1921 had resulted in total paralysis of both legs to the hips). I obtained the following history:

During the latter part of December 1943 he had had an attack of influenza with the usual signs and symptoms—fever, cough, and malaise. After this he had failed to regain his usual vigor and subsequently had had several episodes of what appeared to be upper respiratory infections. There had been occasional bouts of abdominal distress and distension, accompanied by profuse perspiration. Since the attack of influenza he had complained of unusual and undue fatigue. One week before being seen he had developed an acute coryza, which was followed 2 days later by an annoying cough with the production of small amounts of thick, tenacious, yellowish sputum. Past history included a severe attack of poliomyelitis in 1921, with severe and permanent impairment of the muscles of both lower extremities to the hips. There was also a history (in the chart) of the development of a severe iron deficiency anemia in May 1941, with hemoglobin of 4.5 g/100 ml. This was evidently due to bleeding hemorrhoids, and the anemia responded quickly to ferrous sulfate therapy. There were no cardiac symptoms at that time.

PHYSICAL EXAMINATION

Physical examination on March 27, 1944, showed a temperature of 99 F by mouth, pulse of 72/min, and respiration of 24/min. He appeared to be very tired, and his face was very gray. Moving caused

* HIGH S: Is President Roosevelt a well man today? *Liberty Magazine*, June 27, 1936.

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There can be no doubt that President Roosevelt's last year in the White House was, physically speaking, something he should not have undertaken. With his cardiovascular disease he was in an impossible position, in which his strength was running out. Despite his intention to hold on, to continue..., there was in his case no resort, no procedure, that could keep him going....It is true that the president's physicians did not tell him what he was up against, even though he knew its outlines. He could have believed that his cardiovascular disease was not of the worst, that as Bruenn later put the case to a historian the president's condition was critical but not desperate. In what might have amounted almost to a reservoir of hope of the sort that so many ill individuals somehow manage to hold, the president mistakenly but with the best of intentions could have made his decision to take a fourth term. In the lack of communication that assuredly existed between McIntire and Roosevelt could have been the cause of the tragedy in which a president of the United States held on to office far beyond the point when he should have resigned, given up, admitted that infirmity had become too great, beyond his will to change. But something more was evident in the president's behavior, and it must perforce be considered, even though to attribute such willfulness to the president is an awkward appraisal. This was that as soon as he discovered his real problem he took steps to withhold knowledge of it from as many individuals as possible. He not merely disguised it, he suppressed it....The president knew he was ill, even if he had delusions of immortality. In his illness, his utter weariness, with a feeling that he knew best, he engaged in denials that came to appear as affirmations. They were attractive, and made sense as far as they went, which was not very far.

Robert H. Ferrell, The Dying President: Franklin D. Roosevelt, 1944-1945 (University of Missouri Press, 1998), 138, 152

*The Dying
President*

FRANKLIN D. ROOSEVELT
1944~1945

R O B E R T H. F E R R E L L

CONFRONT THE ISSUE

FDR'S HEALTH

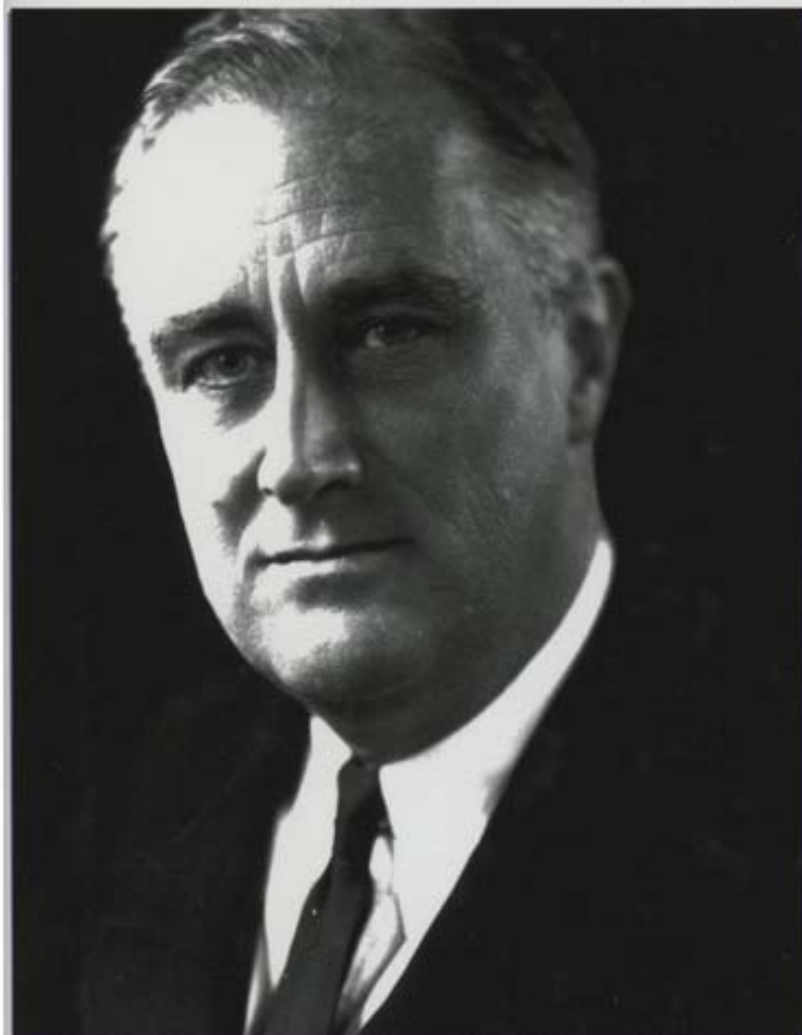
HISTORICAL PERSPECTIVES

There was ignorance, denial, a deliberate campaign of misinformation, and a level of medical treatment below what would have been provided another citizen. The medical history of Roosevelt offers paradoxes, enigmas, and conflicts which parallel, and are interwoven, with the larger tapestry of his presidential career. Medical judgment and advice, which would be routinely offered to virtually any other patient, even high-ranking military and civilian officers, were not provided to Roosevelt because “he was the President.”...If a “conspiracy of silence” abounded, its leader was the patient. Even a poorly informed patient can lead a conspiracy of silence. When there was said to be not even a superficial inquiry by Roosevelt, no physician or informed layman felt the need to level with him regarding his diagnosis and prognosis. Delayed recognition of the significance of his hypertension, noted as far back as 1937, is inexplicable. The congestive heart failure, which was unmistakable in late March 1944, was apparently overlooked for several prior weeks or even months. The only diagnosed illness that Roosevelt and McIntire mentioned was bronchitis. Treatment of both conditions, congestive heart failure and hypertension, was delayed, and the grave prognosis was not communicated to the patient’s family, designated successor, or other associates. Roosevelt’s medical history, while in the office of the presidency, raises serious questions about the role of the White House physician, and the accountability of that person as well as the quality of the care provided.

Hugh E. Evans, M.D., The Hidden Campaign: FDR’s Health and the 1944 Election (M.E. Sharpe, 2002), 119-120

THE HIDDEN CAMPAIGN

FDR'S HEALTH
AND THE 1944 ELECTION



HUGH E. EVANS, M.D.

CONFRONT THE ISSUE

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HISTORICAL PERSPECTIVES

Medical cover-up is not a novelty in the White House....Roosevelt and some of his key medical advisors practiced such deception with such skill as to convert FDR's paralytic disability from a liability into a political asset. FDR's manipulation of public perceptions regarding his health throughout the 1930s and early 1940s made it easy for him to hide his physical condition from the media and the public, especially during the last year of his life....When Admiral McIntire asked [renowned thoracic specialist Dr. Frank] Lahey to act as a surgical consultant to the president, he must have insisted...that Lahey observe strict secrecy on matters pertaining to the president and his family....However, Dr. Lahey, with far-thinking astuteness, recognized the inevitability of future scrutiny of FDR's medical management. In order to show that he personally didn't wish to be involved in a cover-up of FDR's health before the election of 1944, he recorded his concerns regarding the president's health in 1944 in a personal document that has become known as the Lahey Memorandum....The simple document showed...that Dr. Lahey informed Admiral McIntire that if Roosevelt were elected president again, he did not believe FDR had the physical capacity to complete the term and "Admiral McIntire was in complete agreement with this."...[T]here was no mention in the document that FDR had a malignant tumor. When Lahey wrote the memo, just days before the Democratic National Convention in 1944, it was almost a year before the president's death, and at that time no malignancy may have been present. However, an answer to this possibility will probably never be known. It would appear from the Lahey Memorandum that both FDR and McIntire knew that the president was very ill. Of equal importance, Lahey emphasized the importance of FDR's choice for his vice president. The likelihood was very high that FDR would win the election of 1944 and die before his term was over.

Harry S. Goldsmith, M.D., A Conspiracy of Silence: The Health and Death of Franklin D. Roosevelt: Impact on History (iUniverse, Inc., 2007), 13, 120, 172-173

A CONSPIRACY OF SILENCE

IMPACT ON HISTORY

THE HEALTH AND DEATH OF
FRANKLIN D ROOSEVELT

HARRY S. GOLDSMITH, M.D.

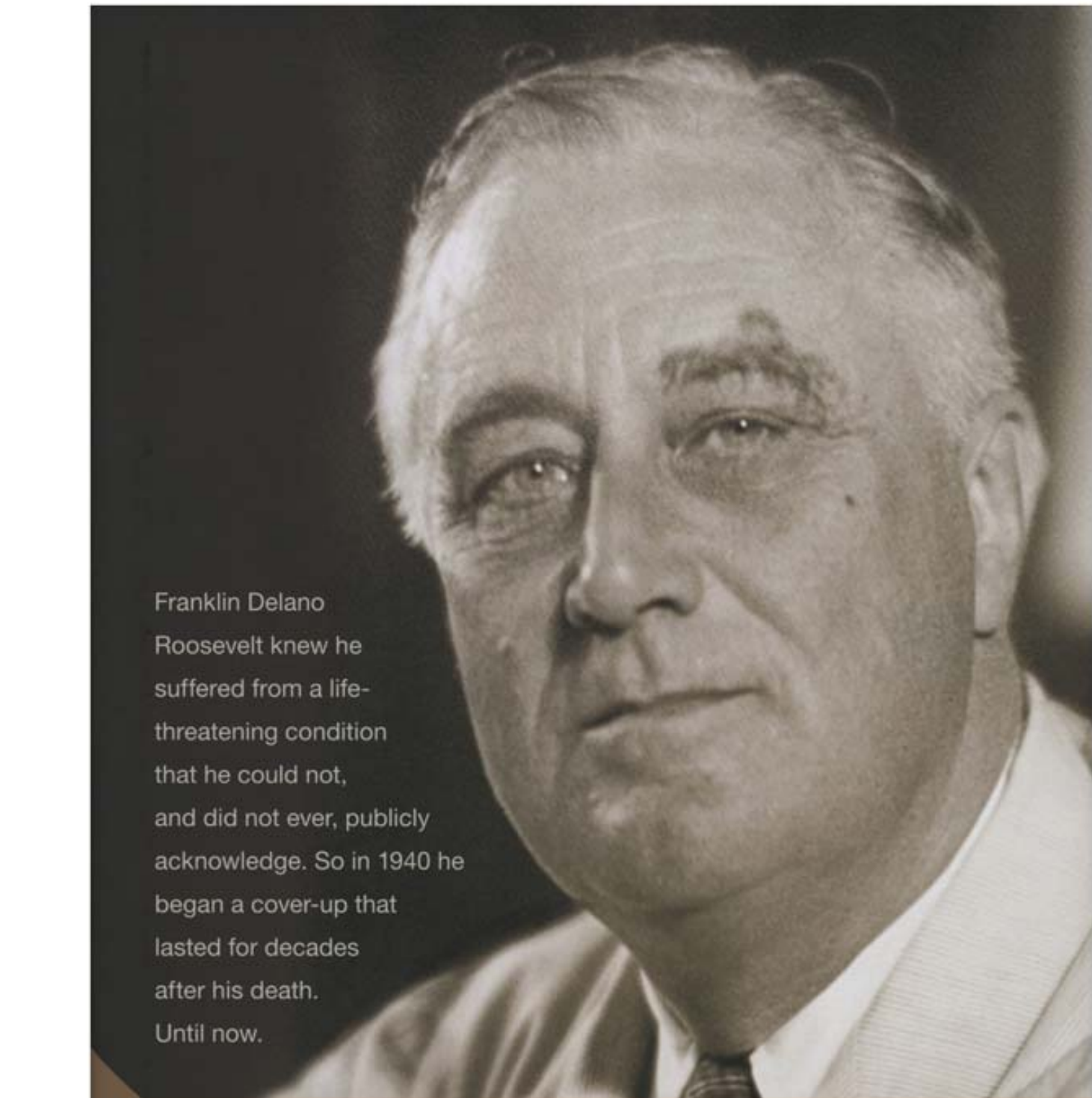
CONFRONT THE ISSUE

FDR'S HEALTH

HISTORICAL PERSPECTIVES

Cancer of the brain has very different consequences than the heart condition that Roosevelt's doctors finally, and reluctantly, acknowledged. They said he was fatigued; we assert that the president was diagnosed with a highly malignant skin cancer, melanoma, which later metastasized to his abdomen and to his brain, producing a hemorrhage that was the most probable immediate cause of his death. And that he may also have suffered from prostate cancer, whose treatment ultimately was compromised by a multitude of serious health problems. Cancer, over many years, was FDR's deadly secret....We cannot be incontrovertibly certain in our diagnosis, of course—absent an autopsy or objective confirmation from Roosevelt's still-missing medical records. Both McIntire and Bruenn repeatedly denied that the president ever had cancer. Moreover, his severe cardiovascular problems were sufficient to kill him, and likely would have done so before the end of his fourth term....But a very strong, albeit circumstantial case—based on surviving records, independent medical evidence, and reliable eyewitness reports of his condition—supports the notion that Roosevelt died of cancer....If true, this presents a profound historical revelation. Conventional wisdom has it that Roosevelt took ill in early 1944, ran for a fourth term knowing he was ill, and then suffered a rapid physical breakdown only in the last few weeks before his death, retaining his mental powers to the end. But if the melanoma scenario is correct, it means that Roosevelt, while still in his second term, knew he was most certainly doomed to die of cancer within five years (emphasis in original).

Steven Lomazow, M.D., and Eric Fettmann, FDR's Deadly Secret (Public Affairs, 2009), 10-11



Franklin Delano
Roosevelt knew he
suffered from a life-
threatening condition
that he could not,
and did not ever, publicly
acknowledge. So in 1940 he
began a cover-up that
lasted for decades
after his death.
Until now.

FDR'S DEADLY SECRET

STEVEN LOMAZOW, MD, AND ERIC FETTMANN



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