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THE PRESIDENCY: IN SICKNESS AND IN HEALTH

by

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The first part of this study examines the longevity rates of the thirty-five deceased Presidents and finds that those serving after 1861 had a markedly shorter life span than their age cohorts. This may be due to the increasing pressures of the office ("executive stress") or it may be accounted for in part by the large number of modern Presidents who entered the office with records of serious physical problems. The second part of the study explores the relationships between Presidential illnesses and particular political decisions and events.

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Only recently have we become aware of the significant role that health has played in the lives of many of our Presidents. Generally though, the American people and the press have usually treated questions of health as an area of personal privacy and have avoided any real examination of the physical conditions of many Presidential aspirants. During their terms of office, some Chief Executives, with the help of their physicians, have been able to hide major illnesses from the public rather successfully. We now know that Cleveland underwent two serious clandestine operations to remove cancer from his upper mouth; that Chester Arthur was a victim of Bright's disease; and that Kennedy, despite his protestations to the contrary, did indeed suffer from Addison's disease.¹

Longevity studies comparing the mortality rates of Presidents and their contemporaries in different occupations show that Presidents tend to die prematurely. Those Presidents who served between 1789 and 1860 had a similar mortality rate or a bit lower than their age cohorts. However, those serving from 1861 on have had an appreciably higher rate, even if one excludes from these calculations the four Presidents who have been assassinated since 1865.² Tables 1-3 indicate the longevity of each President and the difference between his actual life span and that of his cohort, white males born in the same year.

Table 1 also indicates the life span of each President and those of his parents as

well. The heredity factor in life expectancy is difficult to deal with, especially in such a small group where the causes of many parental deaths are often lost in the recordless past of a frontier society. Indeed, the actual causes of death of such major figures as Washington, Madison, and Jackson are at best approximations. In the case of some Presidents it has been argued that the real cause of death was the medical treatment given to mild or only moderately serious maladies. The propensity of nineteenth century physicians to bleed and prescribe emetics often led to infections and dehydration. Little wonder Jefferson once observed that when he saw three physicians gather in one place he looked up to discover if there was not a turkey buzzard hovering overhead.³

The remarkable aspect of the higher mortality rate of modern Presidents is that it stands in such contrast to other government offices—governors, senators, judges, vice presidents—who all enjoy superior longevity. In addition, Presidents generally come from higher socio-economic levels and have at least during their terms of office the best medical care the nation can provide.⁴ Contemporary Presidents, unlike earlier ones, work and reside in a much healthier physical environment than the early Chief Executives. The capital of Jefferson, Jackson, and Polk was a tidal marshland with vast colonies of mosquitoes and flies that bred and carried a myriad of diseases. It is little wonder that Jefferson, for example,

Table 1
Longevity of Presidents of The United States and Their Parents, 1789-1976

President	Year of First Inaugural	Age Last Birth- day at First Inaugural	Age Last Birth- day at Death	Expected Years of Life Re- maining After First Inaugural*	Years Lived After First Inaugural		Age Last Birthday		
					Actual	Above Ex- pected	Below Ex- pected	Fa- ther	Moth- er
George Washington	1789	57	67	17.1	10.6		6.5	49	81
John Adams	1797	61	90	14.4	29.3	15.0		70	98
Thomas Jefferson	1801	57	83	16.4	25.3	8.9		49	56
James Madison	1809	57	85	16.3	27.3	11.0		77	98
James Monroe	1817	58	73	15.6	14.3		1.3	22	?
John Q. Adams	1825	57	80	16.3	23.0	6.7		90	73
Andrew Jackson	1829	61	78	13.5	16.3	2.7		?	?
Martin Van Buren	1837	54	79	17.2	25.4	8.2		80	70
William H. Harrison**	1841	68	68	9.4	.1		9.3	65	62
John Tyler	1841	51	71	19.2	20.8	1.6		65	36
James K. Polk	1845	49	53	21.5	4.3		17.2	55	75
Zachary Taylor**	1849	64	65	12.8	1.3		11.5	84	61
Millard Fillmore	1850	50	74	20.7	23.7	2.9		91	51
Franklin Pierce	1853	48	64	22.0	16.6		5.4	81	70
James Buchanan	1857	65	77	11.9	11.3		.6	60	66
Abraham Lincoln***	1861	52	56	19.8	4.1		15.6	73	34
Andrew Johnson	1865	56	66	17.2	10.3		6.9	33	72
Ulysses S. Grant	1869	46	63	22.8	16.4		6.4	79	84
Rutherford B. Hayes	1877	54	70	18.0	15.9		2.1	35	74
James A. Garfield***	1881	49	49	21.2	.5		20.7	33	86
Chester A. Arthur	1881	50	56	20.1	5.2		15.0	72	66
Grover Cleveland	1885	47	71	22.1	23.3	1.2		49	76
Benjamin Harrison	1889	55	67	17.2	12.0		5.2	73	40
William McKinley***	1897	54	58	18.2	4.5		13.6	85	88
Theodore Roosevelt	1901	42	60	26.1	17.3		8.8	46	49
William H. Taft	1909	51	72	20.2	21.0	.8		80	80
Woodrow Wilson	1913	56	67	17.1	10.9		6.2	84	66
Warren G. Harding**	1921	55	57	18.0	2.4		15.6	80	61
Calvin Coolidge	1923	51	60	21.3	9.4		11.9	80	39
Herbert C. Hoover	1929	54	90	18.9	35.6	16.7		34	34
Franklin D. Roosevelt**	1933	51	63	21.7	12.1		9.6	72	86
Harry S. Truman	1945	60	88	15.0	27.7	12.7		78	82
Dwight D. Eisenhower	1953	62	78	14.4	16.2	1.7		79	84
John F. Kennedy***	1961	43	46	28.4	2.8		25.6	81	Alive
Lyndon B. Johnson	1963	55	64	19.2	9.2		10.1	60	77
Richard M. Nixon	1969	56		18.7				78	82
Gerald R. Ford	1974	61		15.3				59	75

*Based on contemporaneous experience among white males in the general population of the United States born in the same years as the Presidents.

**Died during tenure.

***Assassinated.

Table 2
Longevity of Presidents of The United States 1789-1975

Period of Initial Entry Into Office	Number of Presidents	Average Age at Initial Entry	Attained Age Group	Deaths	Mortality Ratio*
1789-1975	37	55.0	ALL AGES	35	129%
			Under 70	19	173
			70 and over	16	99
1789-1860	15	57.6	ALL AGES	15	96
			Under 70	5	99
			70 and over	10	95
1861-1975	22	53.2	ALL AGES	20	173
			Under 70	14	237
			70 and over	6	106

*Based on mortality rates among contemporaneous cohorts of white males in the general population of the United States.

could barely wait for the end of the Congressional term to ride horseback home to his beloved Monticello.

While he was Secretary of State, John Quincy Adams, described the city in familiar terms, "the heat of the weather almost unremitted, with myriads of flies, bugs, and vermin of all filths, adds to the discomforts, if not to the anxieties, of this occupation." Hogs ate the refuse discarded on the roadways. Epidemics of fever were chronic, abetted by "several immense excavations of brickyards always full of green stagnant water . . . and numerous dead carcasses left to putrify," and by the sluggish river that fed mosquito-infested marshes in the city.⁵ Yet with all of these hazards, the earlier Presidents seem to have fared better in comparison with their age cohorts than do more recent Executives. What is of interest to any student of the Presidency, however, is not simply the longevity of Chief Executives but what effects their states of health may have had on their performance in office. In many instances, it is not possible to ascertain in any but the most general way what those relationships were. Yet, there are some cases where we can determine the effects of illness on a President's ability to recognize problems and deal with them effectively. This study surveys the general health of our Presidents and points up specific instances where illness may have directly effected political decisions.

There are, of course, many difficulties in trying to detail the medical ailments of

historical figures. One major problem is that diagnosis in the nineteenth and, even in the twentieth, century was and is still an uncertain art. In addition, many of the references we have of the earlier Presidents' illnesses are really contained in their own letters, which use non-medical and very imprecise terminology. Several Presidents complained of frequent attacks of "ague", a feverish feeling that may have due to recurrent bouts of malaria or simply the effects of a common cold. Medical distinctions that are familiar to our physicians were often not understood a century or often even a generation ago. For example the difference between typhoid and typhus fever was not delineated until the 1830s. Other terms, like depression, which have for physicians a very clinical definition today, were used in a much broader way to describe a host of personal problems in the late nineteenth and early twentieth centuries.

Presidential Illness: The Early Period

At a young age, Washington had felt the scourge of a variety of diseases that plagued the South: malaria, smallpox, influenza, tuberculosis and probably typhoid. Yet, remarkably, during the long Revolutionary War period, he was generally free from ailments. It is only after his election to the Presidency at the age of 57 that he began again to be faced with major health problems. Twice in a year's time, his family and friends feared for his life.

Table 3
Longevity of Presidents of The United States
Excluding Those Who Were Assassinated

Period of Initial Entry Into Office	Number of Presidents	Average Age at Initial Entry	Attained Age Group	Deaths	Mortality Ratio*
1789-1975	33	55.6	ALL AGES	31	115%
			Under 70	15	140
			70 and over	16	99
1861-1975	18	53.9	ALL AGES	16	141
			Under 70	10	177
			70 and over	6	106

*Based on mortality rates among contemporaneous cohorts of white males in the general population of the United States.

Note: Data for period 1789-1860 are unaffected from what is shown in Table 2.

In June 1789, Washington had a tumor diagnosed as anthrax, probably a staphylococcal carbuncle, removed from his leg. Then in May of the following year, Washington contracted a severe cold which turned into pneumonia and he nearly died. As he was convalescing, more responsibilities were handled by his Cabinet. Indeed, one of the interesting aspects of the Washington Presidency is how Alexander Hamilton, as extraordinary as he was, was able to assume ascendancy in the Cabinet so quickly. One reason is that while Washington was recovering from his illness during this formative political period, Hamilton seems to have moved in and filled the void. In fact, it was during this episode that Hamilton worked out a compromise with Jefferson to locate the capitol in the South in return for support on the debt assumption issue.

By 1793, Washington was becoming deaf and acknowledged some loss of memory. Jefferson felt that in his second term, Washington was generally listless and let others think and act for him. It may be that Jefferson's view reflected the fact that his own alienation from Washington had grown or it may be that a "desire for tranquility had crept" over Washington.⁶

After eight years in office, Washington declined to accept a third term and retired to Mount Vernon. He was succeeded by his Vice President, John Adams. Adams lived longer than any other President, dying several months before his ninety-first birthday, but his diary and letters are replete with references to his poor health

and general melancholy. One medical historian has suggested that his cyclic episodes denote a manic-depressive personality. His contemporary and sometime critic Benjamin Franklin, observed that Adams "is always an honest man, often a wise man, but sometimes, and in some things, absolutely out of his senses."⁷

One incident of his "depressive reaction," to use Rudolph Marx's vague term, occurred during his peace negotiations with France in 1799. Faced with a disloyal cabinet and the threat of war, Adams issued an order sending a peace mission abroad. Without waiting for the mission to leave, Adams went home to Braintree where for seven months he nurtured his grievances and avoided the problems of leadership. Finally after the endless entreaties of his political allies, he returned to the capitol and summarily ordered the peace mission to Europe.⁸ By 1800, Adams found himself faced with an increasingly unmanageable party and no real power base. The rise of the Democratic-Republicans, led by Thomas Jefferson, spelled the effective end of the Federalist period.

Jefferson, himself, was more than a political tactician. He was one of the most medically sophisticated of the early Presidents. He appears to have been one of the first public figures in America to inoculate himself and his family against smallpox, and he was wise enough to speak out against the prevailing medical practices of using cathartics and bloodletting for the treatment of "continuing fever" (often typhoid). Although Jefferson suffered through many of the usual

plights such as dysentery and fractured bones he generally maintained good health and lived to an advanced age. His major problem was blinding migraine headaches (probably due to psychosomatic causes) which usually followed a traumatic experience in his life: the sudden marriage of a girl he was sporadically courting, the death of his mother, his election to the Presidency, the passing of a close friend. There are, however, few instances where Jefferson's illnesses seemed to effect his ability to perform his Presidential duties.⁹

Jefferson's successor and good friend, James Madison, was also a frequent chronicler of his medical problems but he too enjoyed considerable longevity, living to be 85. There is some evidence that Madison felt he suffered from epilepsy which he said began after he left Princeton University and which continued with prolonged intervals throughout his life. However, Madison's major biographer Irving Brant argues that he had "epileptoid hysteria", a psychosomatic ailment that coincided with the onset of adolescence. Nonetheless, throughout his life Madison's reaction to his disorder frequently restricted his activities and travel.

Madison's Administration provides us with a good example of how physical illness can effect a President's ability to perform his duties. In 1813, Madison contracted a severe case of what was vaguely called "bilious fever," an ailment from which he nearly died. Unfortunately at the same time, Madison had submitted the name of his Secretary of Treasury, Albert Gallatin, to be a member of the diplomatic delegation for the proposed peace conference in Russia. Madison, who had been a superb party leader under the first three Presidents, now found himself unable to deal with many of his own partisans. Partly because of the severity of his illness, Madison neglected to contact the necessary recalcitrant Senators and Gallatin's nomination was defeated.¹⁰

Madison's experience was somewhat similar to an incident that was to occur to his successor, James Monroe. During his first term, Monroe became seriously ill and was unable to deal with some important military and diplomatic issues raised by General Jackson's campaign to seize Florida. In the beginning of 1818, Jackson had

decided that he would use the Indian raids in the area as a pretense for seizing Florida. He requested that Monroe give him some signal through his friend Congressman Rhea as to whether he should take possession of the territory or not.

When Jackson's letter reached the Capitol, Monroe was seriously ill and he turned it over first to Secretary of War Calhoun. As Monroe recollected twelve years later in a letter to Calhoun, "I well remember that when I received the letter from Gen^l Jackson . . . I was sick in bed, and could not read it. You were either present, or came in immediately afterwards, and I handed it to you for perusal. After reading it, you replaced it with a remark that it required my attention, or would require an answer, but without notice of its contents. Mr. Crawford came in soon afterwards, and I handed it also to him, for perusal. He read it and returned it, in like manner, without making any comment on its contents, further than that it related to the Seminole War, or something to that effect . . . Having made all the arrangements respecting the war, and being sometime confined by indisposition, the letter was laid aside, and forgotten by me, and I never read it until after the conclusion of the war."¹¹

Undaunted, Jackson went on to seize Florida and claimed years later that Monroe had in fact instructed Rhea to tell him to do so. Jackson maintained that he had received these instructions by letter from the intermediary—a letter that he claimed to have destroyed. Historians have generally regarded Jackson's story as an elaborate fabrication, but his victory in the Seminole War and his conquest of Florida added to the General's mystique in the eyes of the American people. As for Monroe, he denied to his dying day Jackson's account and regretted his unfortunate handling of the entire matter.¹²

The rest of his administration was not as eventful and Monroe was better able to deal with most of the problems that required his attention. Respecting the tradition established by his predecessors, Monroe retired after two terms and turned over the office to John Quincy Adams.

Adams, like his father, seems to have been

generally unhappy during his years in the White House. Although it is difficult to link up particular illnesses with specific decisions, Adams was generally unable to function in top form as he had in so many other high positions of political responsibility. One of his major biographers notes that he "developed all manner of small aches, pains, and nervous symptoms. He had soreness and pain . . . chronic costiveness, indigestion, catarrh, could not sleep well, couldn't perspire" and developed a sort of erysipelas (an acute bacterial disease marked by fever and severe skin inflammation). Another biographer has found that Adams was often despondent and feared that his political career was over because of the opposition that was mounting to his programs. Indeed, John Quincy Adams was only a one term President, as his father was, but he then returned to the House of Representatives where he established himself as one of the most articulate spokesmen against the expansion of slavery.¹³

As President, John Quincy Adams had found, as his father before him, that the very nature of politics was changing. By 1828, the electorate had expanded immensely and the patrician style of leadership represented by the Federalists and the so-called Virginia Dynasty was being eclipsed. The most important symbol of the new period was provided by the figure of Old Hickory, the General from Tennessee, Andrew Jackson. The medical history of Andrew Jackson is an extraordinary chronicle of ailments and pain. Before he assumed the Presidency, Jackson had contracted smallpox, malaria, dysentery and suffered from a variety of gunshot wounds. When a young rival insulted his wife's honor, Jackson shot and killed him. In that duel, Jackson was himself shot near the heart and had to convalesce for a month. From that time on, he was afflicted with bouts of fever, chills, coughing, and periodic hemorrhaging from the lungs.

Despite his many illnesses, it is difficult to find any direct relationships between Jackson's poor health and his ability to perform his duties. However, there does seem to be a tendency for Jackson to relate his physical ailments to his political struggles. When faced with the Bank crisis, for example, a sickly Jackson took to his bed and

informed Van Buren that while the Bank's supporters were trying to kill him, he would kill the institution first—which he eventually did. In addition, at the height of the Maysville Road Bill controversy, Jackson again got very sick, his legs swelled and there was fear that he was suffering a fatal attack of dropsy. But Jackson survived both the attack and the controversy and went on to live nine years after his presidency to the age of 69.¹⁴

His political heir, Martin Van Buren, seems to have enjoyed perfect health during most of his life.¹⁵ But the ninth President, William Henry Harrison, died in office after a month of virus pneumonitis and hepatitis aggravated by medication. Ironically, Harrison had been apprenticed to a physician and had enrolled as a medical student at the University of Pennsylvania, attending most of the sixteen week course. At his inauguration, however, Harrison contracted a cold and he decided against his usual practice of doctoring himself. The doctors blistered his skin, gave him cathartics and then realizing their mistake, switched first to antidotes such as opium, camphor, and brandy and then crude petroleum and Virginia snake-weed. Harrison developed hepatitis and finally died.¹⁶

He was succeeded by John Tyler, a states-rights Democrat from Virginia. There is very little evidence of Tyler's physical condition. At the age of 31, however, Tyler did give up his Congressional seat because of a variety of ailments which he believed were due to food poisoning. It has been speculated that he suffered from a cerebral vascular accident due to a thrombosis. However, there is no reference to his health as President in the major sources.¹⁷

Tyler was generally a lackluster leader and his nominal party, the Democrats, felt little allegiance to renominate him after he had run for Vice President on the Harrison Whig ticket four years before. Following a long and bitterly divided convention, the Democratic Party nominated James K. Polk, a prominent Tennessee ally of Andrew Jackson. While Polk was the youngest man elected to the Presidency up to that time, he generally was in poor physical condition.

As a youth, he was plagued by pain and chronic infection until he underwent a pain-

ful but successful operation to remove a stone in the bladder. As President, Polk seems by his own account to have experienced malarial chills, fever, diarrhea and gastrointestinal difficulties. Yet there is little evidence of any direct effect of his condition on his ability to fulfill his duties. Indeed, Polk is in many ways one of the most successful Chief Executives of the period. Yet his illnesses and the force of his own determination wore him down and he died, three months after his retirement from the Presidency, from cholera which he contracted on a tour of New Orleans.¹⁸

Polk did not live to see the bitter fruits of his gospel of expansionism. With the increasing acquisition of land came increasing opportunities for slaveholders which furthered the split between the northern and southern interests. As a reaction, Polk's successor, General Zachary Taylor, opposed the extension of slavery into California and fought the Clay-Webster Compromise of 1850. In the midst of that crucial debate, Taylor participated in ceremonies marking the dedication of the Washington Monument. Taylor, after sitting in the hot sun for hours, later consumed several glasses of water, iced milk and large quantities of cherries. After dinner Taylor became violently ill and four days later died, probably of typhoid. His successor, Millard Fillmore, signed the Compromise of 1850 with its controversial Fugitive Slave Law.¹⁹

The next three Chief Executives—Fillmore, Pierce, and Buchanan—all seemed to be fairly healthy while in office. Pierce probably had the greatest difficulties due to his long battle with alcohol which finally resulted in cirrhosis of the liver. Fillmore and Buchanan were effected by the normal bouts of illnesses; Fillmore contracted malaria, and Buchanan was afflicted by a strange malady called the "National Hotel Disease", probably due to polluted water or food poisoning.²⁰

Overall then, the Presidents in the early period lived longer than their white male contemporaries. But in the process they were not spared the various illnesses of their time—especially those so favorably cultivated in the Washington, D.C. environment. In most cases, it is difficult to assess the effects of these maladies on Presidential behavior, but in the instances of Washington, Madison,

and Taylor, their illnesses and/or absences contributed to the outcome of important political events. As for Adams and Jackson one might make more tenuous connections.

Presidential Illness: The Middle Period

No President's life has been as fully examined as Abraham Lincoln's. Yet much of his pre-Presidential years are the subject of conflicting historical interpretation and debate. As for his health we have evidence only of the fact that he suffered from what was loosely termed melancholia and that he had some form of vision trouble.

Lincoln's depression is so interwoven into the mythological character of the man that it is difficult to assess its true importance. At several times in his life, Lincoln appears to have contemplated suicide and his friends are supposed to have hidden his knives and razors. One author has argued that Lincoln suffered from a mild form of either bipolar depression, which comes on in the early twenties and is characterized by a lifetime of alternating mild to serious highs and lows, or that he had a unipolar recurrent depression which starts in the late thirties and is characterized by recurrent depressions, alternating with normal functioning periods. Other authors have maintained that Lincoln's depression may be explained by a childhood injury when he may have received a possible fracture of the skull resulting in brain damage.

In addition, it is obvious that Lincoln had an unusual physical appearance. His legs and arms were rather long in relation to his average size torso. He had large hands, long fingers, flat feet, narrow stooped shoulders, a longish face and upward deviation of the left eye (hyperphoria). Lincoln's general appearance lends some credence to the speculation that he had Marfan syndrome which is a set of bodily characteristics that include long, thin, spiderlike fingers, concave breast, loose joints, hernia, arterial aneurism, and generally an apathetic listless and doleful personality with weak mental integrity and social indifference. There are also other characteristics—some of them the very opposite variations of the above syndromes.

In addition, the muscle tone of his body seemed to be more relaxed than the average man. This can be seen in the accounts we

have that Lincoln had a slow, drawling, staccato monotone voice and appeared to have slow mental reaction time. He seems to have had lower blood pressure than normal, which may explain in part his depression. Lincoln also had a tendency when not interested, to lapse automatically into a lower conscious state of mental detachment, tending to sadness and gloominess and to appear in the words of his contemporaries, "ugly and stupid looking," or "sad and abstract."

The right side of Lincoln's face was animated and normally expressive whereas the left side functioned more weakly. His left eye was decoordinated and tended to produce strain, fatigue, and headaches. This effect may have resulted in Lincoln's tendency to see double—a phenomenon that he and others attributed to some sort of clairvoyance.

Some historians have argued that before his inauguration, Lincoln suffered from a mental breakdown and may have been in the grips of a depressive phase of cyclothymia (a paralysis of the ciliary eye muscle). Whether this is true or not, we do know that Lincoln was under severe stress and lost nearly forty pounds between his election and his inauguration in March, 1861. Yet the general effect of his physical condition and his conduct of the war do not seem to be specifically related. It may be speculated that Lincoln's appearance and his melancholy attitude toward life shaped his personality and thus indirectly gave a different imprint to the Civil War period. But such speculations could be applied to any President and would take us away from the initial concerns of this study.

It has been argued by several historians that at the time he gave his Gettysburg Address, Lincoln had contracted from his son, Todd, a case of varioloid, a mild type of smallpox. Overall, Lincoln seems to have aged graphically during his period in office. By 1865, he was talking of not completing his second term and told friends of his premonition of a violent death. On April 14, Lincoln was shot by John Wilkes Booth. The bullet passed behind his left ear and went through the basal part of the brain and lodged itself against the bony enclosure of the right eye.²¹

The unfinished business of the Civil War

was further complicated by his assassination. While the conspirators were being tried, Andrew Johnson was able to perform many of the duties of the new office now thrust upon him. Johnson had suffered from kidney stones and for years had been in frequent pain. He often had to work at a high desk, standing up. When defense lawyers for one of the alleged conspirators, a Mrs. Surratt, requested that Johnson commute her sentence from death to life imprisonment, the President was unwilling to see her advocates. When a Federal district court judge issued a writ of habeas corpus to stop the execution, Johnson suspended it and ordered the execution carried out immediately. Later, Johnson, feeling somewhat better, would come to regret his precipitous action especially his command that the writ be disregarded. By the end of his term, Johnson's health problems were compounded with his political difficulties with the Congress which led to his impeachment and near conviction.²²

The next two presidents, Grant and Hayes, have not left us with much information on their health in office. Grant seems to have enjoyed good health during his term as president and appears to have given up the excessive drinking that characterized large parts of his career. Eight years after his retirement, however, Grant died of tongue cancer.²³ His successor, Rutherford B. Hayes, who suffered a nervous breakdown in his late twenties over an ended romance, did not have any major medical problems as president.²⁴

Hayes was followed by James Garfield, one of the youngest men elected to the presidency. Four months after he was inaugurated, Garfield was shot by a disappointed office seeker. From July 2 to September 17, the 49 year-old President endured incredible agony as doctors tried to save his life. After various abortive and painful probings the physicians were still unable to locate the bullet. Even an attempt by Alexander Graham Bell, the inventor of the telephone, to use an electrical induction system to find the piece of metal was unsuccessful. Finally, Garfield died, probably of blood poisoning after only about seven months in office. The medical care he received was subject even then to some exten-

sive criticism. Quite probably Garfield would have been able to survive today in an era of X-rays and antibiotics.

The political effect of Garfield's death was that the Civil Service Reform movement gained an important impetus and Garfield's successor, ironically an old spoilsman himself, signed the legislation.²⁵ The new President, Chester A. Arthur, was a product of the notorious Conkling machine and was removed from his position as Collector of the Customs by President Hayes. Arthur, however, accepted the inevitability of civil service reform and signed the act. He generally attempted to carry on in the tradition of moderate Republican presidents, but he appeared often to be listless and uninterested in his responsibilities. We now know that Arthur had Bright's disease, an inevitably fatal kidney affliction, which his major biographer claims explains his distaste for the office and his lackadaisical approach to its duties.

In 1883, Arthur wrote his son that he had been "so ill since the adjournment (of Congress) that I have hardly been able to dispose of the accumulation of business still before me." In March of that same year, Arthur's condition had deteriorated seriously. He had hypertensive heart disease, associated with his kidney condition, and a nausea, now called glomerulonephritis which left him weak and highly irritated. On a trip to Florida he contracted malaria and became violently ill. His doctor told reporters that the President was suffering from overexposure to the sun and seasickness and Arthur dismissed the press speculations as the product of elastic imaginations.

Arthur, knowing his condition, served out his term, retired and died less than two years later. Life, like the presidency, had become a burden to him. A few months before his death, he wrote to a friend, "After all, life is not worth living. I might as well give up the struggle for it now as at any other time and submit to the inevitable."²⁶

His successor, Grover Cleveland, also experienced considerable health problems although their consequences seem to be less debilitating to his performance. During his second term in 1893, Cleveland discovered that he had cancer of the palate. In the midst of a serious monetary crisis Cleveland—a

strong advocate of sound money and the gold standard—was hesitant about the consequences of any publicity over his illness. Finally, his doctors under the tightest security operated on him aboard a yacht anchored in the East River. Two weeks later they performed a second operation to remove the final traces of cancer. When the true story broke, Cleveland and his doctors simply denied it. In the meantime, the President was successful in preventing the Sherman Silver Act from becoming law and he continued to perform his duties without any noticeable effects from his operations. Only in 1917 was the full story of his condition confirmed.²⁷

Cleveland's successor and predecessor, Benjamin Harrison seemed to enjoy fairly good health during his tenure, although his wife died of pulmonary tuberculosis while he was in the White House. Harrison and Cleveland generally accepted the bipartisan conservatism of the period and this sentiment was continued with the election of William McKinley over the populist Democrat, William Jennings Bryan. McKinley enjoyed considerable popularity during his term and was re-elected in 1900 to serve another four years. Then in September, 1901, the President visited the Pan American Exposition in Buffalo. While shaking hands with the visitors, McKinley was shot by an anarchist, Leon Czolgosz. The President was taken to surgery and his condition later seemed to improve. However, the bullet had grazed McKinley's kidney, injured his right adrenal gland and destroyed part of his pancreas. On September 14, eight days after the attempt on his life, McKinley died of pancreatic damage and degeneration of the heart muscle.²⁸

The Presidents in the middle period generally seemed to be plagued much more than their predecessors by health problems. Politicians like Arthur, Cleveland and McKinley also were heavy set and more addicted to the sedentary life than their frontier or aristocratic forebears. In addition, the dangers of holding the office increased as the Presidency became a target for the disillusioned and the disaffected. In his lifetime, Robert Todd Lincoln, son of the President and later Secretary of War under Garfield and confidant of McKinley, had personally witnessed

the death of three Chief Executives. Assassination became a primary risk that even the healthiest leader had to fear during his tenure in office.

Presidential Illnesses: The Modern Period

Probably no chronicle of boyhood illness and infirmities is better known than that of Theodore Roosevelt. Besides being near-sighted, young Roosevelt suffered from severe attacks of bronchial asthma which went unrelieved despite doctors' prescriptions of coffee and cigars! Roosevelt then underwent a severe regime of body-building and boxing which improved his condition markedly. There is little direct evidence that Roosevelt's health influenced his political activities except that he developed and retained an aggressive, almost pugnacious attitude toward life.

During his administration, a boxing injury eventually cost him the sight in his left eye, which seems to have had little effect on him. Also, in 1902 the President was involved in a serious accident between a trolley and his carriage in Pittsford, Massachusetts. A secret service man was killed and Roosevelt was thrown forty feet. The President had two operations for an abscess on the leg resulting from a bruise. TR survived these problems and even recovered from an attempted assassin's gunshot wound when he was campaigning in 1912 as the Progressive or Bull-moose candidate for President. But at the age of 60, Roosevelt died, a worn out man, probably of a coronary occlusion.²⁹

Roosevelt's successor, William Howard Taft, had the dubious distinction of being the heaviest President in history. At the time of his tenure, Taft was experiencing difficulties with the liberal wing of the Republican Party. His worries seem to be manifested in an increased appetite and his weight climbed at one point to 332 pounds. Taft finally left office in 1913, taught law at Yale University, and then was appointed Chief Justice of the Supreme Court in 1921. Taft died at the age of 72 in 1930, most likely from arteriosclerosis and myocarditis.³⁰

While Taft's physical condition seems of little importance to a study of his administration, it is obvious that Woodrow Wilson, who followed him, presents an entirely different case. Wilson's medical history repre-

sents a fascinating and tragic study in the relationships between physical health, emotional well-being and presidential decision-making.

Wilson endured considerable physical disorders before he became President. During his years as a student, Wilson suffered from severe dyspepsia and on several occasions came close to exhaustion and physical breakdown. In 1895, Wilson had a severe attack of neuritis (perhaps a mild stroke) and could not write with his right hand. His father even feared he would die, but after a period of travel and relaxation he returned to work. In 1905, Wilson was operated on for phlebitis and in 1906, in the midst of his battle over the Princeton Quad Plan, he suffered temporary blindness in his left eye.

It has been argued that Wilson's retinal hemorrhage may have been accompanied by slight cerebral arteriosclerosis and that his erratic behavior over the Quad Plan may be explained by the effects of this illness. Generally it has been found that such an incident can cause character changes in the direction of greater egocentricity, withdrawal, suspicion, and aggressiveness.³¹

In his superb study of Wilson, Edwin Weinstein has carefully traced the breakdown in the President's health, especially in the 1919-20 period. At the time of the Paris Peace Conference, Wilson became sick with high fever, cough, vomiting, diarrhea, and insomnia. He exhibited erratic behavior by forbidding members of the American delegation from using automobiles for recreation, charging that all French servants were spies, and claiming that he was personally responsible for the furniture in the palace. Herbert Hoover was astonished that Wilson, who had previously had been incisive, open, and forceful, seemed at Paris to be groping. Weinstein maintains that Wilson probably suffered a cerebral vascular occlusion (blood clot on the brain) at that time.

He further argues that Wilson showed evidence of bilateral brain damage, and that his condition seriously effected his emotional and social behavior. Such a patient tends to see issues, events and people as *metaphorical* representations of his own problems and feelings. This may explain why Wilson was unable to assent to minor wording changes in the treaty; these words had come to have intense

symbol significance—far out of proportion to their linguistic importance.

Finally in September 1919, Wilson undertook his western tour to gather support for his version of the treaty. On October 2, Wilson suffered sensory loss of his left side, visual loss, and a urinary obstruction. Following his stroke, the President denied the facts of his illness—a common sequel after such brain injury. During this period Wilson was isolated from all visitors except those occasionally admitted by his physician and his wife. The exact ability of President Wilson to perform his duties has never been fully explained. Some historians have argued that Wilson's wife served as "acting" President during this period. Although she had great influence, Wilson refused to heed her advice when she urged him to compromise on the treaty and at times, he even considered running for a third term. By February 1920, he dismissed his Secretary of State who had headed Cabinet meetings without his permission. By then, Wilson's battle for the treaty and the League of Nations failed and the President was a broken man. At the end of his term, Wilson moved to a secluded Washington house where he spent the last three years of his life.

No President has left us such a tragic record of the relationships between health of a President and the consequences it can have on political events. Wilson's final days are usually pictured in psychoanalytical terms with an emphasis on his need for a father figure and the problems of rebellion and rigidity. But the neurological record is so telling that the historian must take into account the awesome effects that steady, progressive brain damage could do to a man whose intellectual gifts and political astuteness carried him to the highest pinnacles of two illustrious careers in a very brief period of time.³²

Wilson's successor shared few of his gifts, but seemed to the America of the early 1920's a welcome change from the intense moralism and divisive war. Warren Gamaliel Harding was handsome, fairly articulate, good-natured, and well liked by his political colleagues. Yet underneath that hail-and hearty exterior was a troubled man, even before he assumed the presidency. From the late 1880s to 1903, Harding was

a frequent patient at the Battle Creek sanitarium. The sanitarium was sponsored by the Seventh Day Adventists and run as a vegetarian establishment by the autocratic Dr. J.H. Kellogg, the inventor of peanut butter and corn flakes. Five times Harding admitted himself for various ill-defined "nervous" problems.

By 1920, however, Harding emerged as a dark horse, compromise candidate for the Republican nomination. His landslide victory in the election only presented him with more problems. Although Harding's record is more positive than it is frequently portrayed, he was nonetheless confused by the mounting signs of corruption around him.

In 1922, he had suffered from a serious illness diagnosed as influenza, although it may have been an attack of coronary thrombosis followed by a myocardial infarction. Thereafter Harding suffered from chest pains and high blood pressure. A year later, he undertook a trip to Alaska and the West Coast. Near Seattle, Harding complained of violent cramps and indigestion which the Surgeon General diagnosed as being due to poisoned crabmeat, but which other doctors aboard the presidential ship agreed was a cardiac seizure. Harding then developed pneumonia and was sent to San Francisco. In the next several days, the President appeared to have recovered, but suddenly on August 2, he died. Since there was no autopsy, the exact causes of his death are in doubt, but it appears that Harding suffered either a cerebral hemorrhage or a coronary thrombosis.³³

Harding's successor, Calvin Coolidge, also had some difficulties with the office. Coolidge had never been a very rugged youth and in adulthood he seemed at time to have suffered from various allergies and bronchial asthma. Much of Coolidge's problems in the presidency can be traced to his lack of physical stamina and energy. He slept about 11 hours a day and in order facilitate his withdrawal, he delegated incredible policy leeway to his Cabinet. Probably the country's view of the presidency corresponded very closely to Coolidge's, but he was physically unable to be a very activist figure even if he had wanted to be.³⁴ When Coolidge left office, his Secretary of Commerce, Herbert Hoover replaced him. Hoover was generally

blessed with good health, a fine administrative ability and a sharper perception of economic reality than his two predecessors. Yet none of these attributes seemed to matter. The Republican ascendancy ended as it began—with an emphasis on economic issues. Hoover, living past his 90th birthday, was to see the end of the old economic order and the beginning of a new concept of government and a more activist presidency.

Except for Wilson's tragic breakdown, no President's health has raised more questions than that of Franklin D. Roosevelt. FDR's major medical problem is, of course, now a part of American folklore. At the age of 39, while on vacation with his family FDR contracted poliomyelitis. For over six years, Roosevelt went through a variety of rehabilitation programs and remedies hoping to regain the use of his legs. In 1928, still crippled, he won the governorship of New York and four years later he became President. Generally, the press and photographers helped FDR downplay his paralysis by not showing him on crutches or in a wheelchair and allowed him to project an image of health and activity despite his severe handicap.

During his long and crises-filled presidency, FDR's physical condition began to deteriorate, especially in the last year of his life. Historians have carried on an intense debate over Roosevelt's diplomatic efforts with Stalin and Churchill. Some have argued that the President was as successful as could be expected given the military conditions, while others have stressed that FDR was naive and even foolish in his dealings with the other Allies. One fact is certain: Roosevelt appeared at times to be ill-prepared and had trouble concentrating.

In his study of Roosevelt's last year, the journalist Jim Bishop has chronicled an extraordinary month-by-month account of physical decline and debilitation. Early 1944, a White House cardiologist reported that FDR was suffering from high blood pressure and a failure of the left ventricle. He prescribed digitalis and later phenobarbital. The President cut his cigarette intake from twenty to thirty per day to five or six and drank less.

By May, Roosevelt's physicians set up a strict regime which gave the President ten

hours sleep and rest and reduced his office hours to four hours per day. The President's condition, however, deteriorated even further and questions began to be raised by Democratic party leaders whether FDR should run for a fourth term. Throughout the summer the President's physicians were less than candid about his health, indicating that he suffered only from bad sinuses and was as healthy as any sixty-year old man. Roosevelt's aides carefully staged certain appearances in order to allay public fear; including an arduous motorcade in driving rain through New York City.

Roosevelt won the election, but by December his blood pressure reached 260/150 and he was suffering from intermittent chest pain. In January more secret service men were assigned to Vice President Truman after they were told that FDR could die at anytime. The President's associates noted that FDR alternated between intellectual acumen and a vacuous attitude which was oblivious to conversations and ideas. Although there was no test for arteriosclerosis at that time, it appears that Roosevelt showed many of the symptoms associated with it: impatience, irritability, and a dreamy euphoria at times.

By the time of the Yalta Conference, FDR was very seriously ill and unable to deal effectively with complex diplomatic issues being discussed. Whether the final actions of those conferences would have been appreciably different it is difficult to say. But Roosevelt was no more prepared for his diplomatic conferences than Wilson was at Versailles, and partly for the same reason.

In addition to Roosevelt, neither Churchill nor Stalin were in good health. Churchill, although he lived until the age of 87, had suffered some heart damage by the 1940s and apparently Stalin was not physically well. In all of these cases, the condition of these leaders was withheld from the public, even, in England and the United States, under the so-called scrutiny of a free press.³⁵

It is distressing to find out that while Roosevelt was incapable of carrying on the duties of the presidency after 1944, responsible officials of the government made no attempt whatsoever either to prepare or inform his Vice President on major policy

matters. When Harry Truman assumed the Presidency, he had had little or no contact with his predecessor and was not aware of more than the broadest parameters of the war effort and the diplomatic commitments made.

Truman, himself, was a rather feisty and combative person and in very good health. He lived to the advanced age of 88, sharing in the general longevity of his farmer forbears.³⁶ Except for the need to wear glasses, Truman's physical condition does not seem to have impinged negatively on his ability to perform his duties.

Truman's successor, however, was not as fortunate. Indeed, probably no President's illnesses were as fully and graphically described as those of Dwight Eisenhower. Before his election, Eisenhower had suffered from some health problems. During his command in World War II, Eisenhower had hypertension and periodically from 1925 on he also has spasms of cramping pain in the midabdomen and mild fever. But generally, Eisenhower appeared rather healthy when he assumed the presidency at the relatively advanced age of 62. However in a twenty-six month period at the close of his first term in office, Eisenhower suffered from three major illnesses.

First, on September 27, 1955, the President had a coronary thrombosis. Then in June of the next year, physicians operated on his intestine after having diagnosed his abdominal pains as attacks of chronic terminal ileitis, known as regional enteritis or Crohn's disease. Then in November 1956, immediately after his re-election and the prolonged discussion of his health in the campaign, the President suffered a cerebral occlusion. On each occasion, Eisenhower's press secretary provided the media with extensive, detailed descriptions of the President's condition.

During Eisenhower's first illness, the Cabinet under the direction of Assistant to the President, Sherman Adams, was able to conduct the government's day to day business without any major problem. Eisenhower had previously delegated wide responsibilities to Adams, Secretary of State Dulles, and Secretary of the Treasury, George Humphrey. This collegial relationship may have been aimed in part at preventing then

Vice President Nixon from assuming any major policy making powers, or it may have simply reflected the natural consequences of Eisenhower's managerial style. In any case, no important decisions had to be made during the President's recuperation.

However, during the June 1956 period after Eisenhower's intestinal operation, the President's absence may have confused American foreign policy in the Middle East. For some time, the United States had been drifting in and out of a financial relationship with Egypt over the proposed Aswan Dam. In the five weeks after his operation, the President was absent and the weight of his subordinates' judgment, especially Secretary Humphrey, was thrown heavily against the proposal. Whether Eisenhower would have decided differently, if he were well and present at his desk, is difficult to ascertain. American Middle East policy was highly ambiguous and Eisenhower's health was an added question during this period.

Indeed, during his last illness, even Eisenhower had some real concerns as to whether he could continue. Although his physicians were quick to pronounce him 95% recovered, Eisenhower in his memoirs is a bit more candid. He notes that after that attack, he frequently experienced difficulty in saying what he wanted to say. On occasion, he reversed syllables in a long word and he was compelled to speak slowly, and cautiously if he was to enunciate correctly. Apparently concerned about his ability to carry on, Eisenhower created a "test" for himself of which he was to be the final judge of his own fitness.

Eisenhower was originally scheduled to attend a NATO meeting in Paris and he used this occasion to see if his recent seizure had any lasting effects. He describes his feelings in this way:

This particular illness was of a kind that could, if it became severe, create a situation in which the patient might be partially incapable of analyzing difficult problems and making reasonable decisions concerning them. Possibly he could become unable to express his thoughts—in the case of the President, be unable even to express a decision to resign. Some believed that a situation of this sort may

have happened during the Wilson Administration. I was going to make sure it would not happen in my case.

After his third major illness in as many years, Eisenhower was sensible enough to recognize that he had to create some arrangement should he suffer permanent disability. He issued a private letter to his Vice-President outlining procedures to be followed if such a disability should occur. It must be remembered that Congress had yet to recommend an amendment concerning presidential disability and succession; Eisenhower's action was a cautious, but important step to fill the constitutional void.

After the President's third illness, he had over three years left in his second term. Quite amazingly he gained a new sense of confidence and determination during those final years. Following the resignation of Adams and the death of Foster Dulles he virtually became his own Chief of Staff and his own Secretary of State. In the fight for the Defense Reorganization Act and in acceptance of responsibility for the U-2 incident he exhibited renewed leadership.

It has been argued that some of Eisenhower's illnesses may have been compounded by his relatively advanced age for a president. His successor, John F. Kennedy, was the youngest man elected to the office, but he probably had experienced more continuous physical pain than any other person who became president. His brother, Robert, once maintained—probably without exaggeration—that JFK was in pain half the days of his life. Until the publication of the Blairs' study of JFK's early years, Kennedy's physical problems were deliberately veiled.³⁷

We now know that Kennedy suffered from a congenital bad back, one aggravated, but not caused by his brief interest in college football and his adventures on PT 109. In 1954, he underwent a lumbar fusion and nearly died from the postoperative staphylococcus infection. In addition, Kennedy, as a child, had scarlet fever and he maintained that he had contracted malaria in the Navy. But the major problem that Kennedy confronted was Addison's disease. Until the late 1930's, Addison's disease was usually fatal; then the use of DOCA transplants and cortisone was prescribed and many Addison

patients began to lead normal lives. However, the Kennedys feared that public knowledge of JFK's condition would prove politically costly. Kennedy himself said, "No one who has the real Addison's disease should run for the presidency, but I do not have it."

However, later statements by his physicians and an article in the *AMA Journal*, that describes his condition as a case study without using his name, are rather conclusive.³⁸ For his treatment Kennedy had DOCA pellets of 150 mg implanted in him every 3 or 4 months and took 25 mg of cortisone daily. The Blairs' study maintains that the general effects of the treatment are increased sense of well-being, a state of euphoria, concentrating powers, greater energy, more muscular strength, improved appetite, and heightened sexual drive.

Also, there is some interesting evidence that President Kennedy was treated on occasion by a physician who mainly catered to the "jet set" by often injecting some of them with the powerful stimulant amphetamine, or "speed" as it is popularly known. While it cannot be said for certain if that physician used amphetamines on the President, he did apparently treat Kennedy on at least two occasions. Once was when he gave Kennedy an intravenous injection for an infection in his hand during the President's summit meeting with Khrushchev at Vienna. A second time, he gave Kennedy an injection in the neck above the voice box when the President had laryngitis before he was to deliver an important speech at the United Nations. The physician maintained that while in Vienna he had given Kennedy antibiotics and immune globulin.

Whether Kennedy, on this occasion or any other one, was on amphetamines is unclear. It is, however, a matter of record that his performance in Vienna seemed lackluster and that the usually inflappable President was a bit shaken after his encounter with Khrushchev. Perhaps the observers at the conference may have misunderstood the nuances of the confrontation or perhaps the young President was showing signs of the inexperience with which his opponents charged him in the 1960 campaign. Or it very well may have been that Kennedy was indeed suffering from the well known side effects of amphetamine which include

diminished performance, restlessness, and confusion.

It must be remembered in the Kennedy case that these speculations, originating in newspaper accounts, are just that—speculations, are not based on solid historical evidence. But it is useful, in at least one case, for us to stop and realize how an easily possible occurrence could have had such far reaching consequences. Indeed, it may be further argued that Kennedy's poor performance led Khrushchev to misjudge his counterpart and this was one of the motives behind the Premier's dangerous gamble to put missiles in Cuba in 1962.³⁹

Kennedy's presidency was cut short by his assassination in Dallas on November 22, 1963. The full medical records of the President have still not been realized to the public and the main evidence that we have is the subject of much debate and bitter controversy. Generally, the examiners of the Warren Commission found that Kennedy suffered two bullet wounds, one of which pierced his neck and a second which took off part of the right rear portion of his head. It has been maintained by some that if the President had only experienced the first bullet wound he would have recovered. However, the evidence has not been fully released, out of consideration for his family.

During the 1960 campaign for the Democratic nomination, the issue of Kennedy's health was raised along with that of his major opponent, Senator Lyndon Johnson. Johnson, an incredibly prodigious worker, had suffered in 1955 a myocardial infarction and nearly died. After a convalescence of three months, he began to return to his duties in the Senate. During his term as President, Johnson did have some minor surgery but no major illnesses. Yet as he states in his memoirs, he was very conscious not only of his previous heart attack, but also his family history of stroke and heart disease.

Apparently, he remembered his grandmother who suffered a stroke and was confined to a wheelchair throughout his childhood. Under stress, he frequently dreamt of himself, like Wilson, incapacitated. By 1968, under the mounting anti-war pressure, Johnson decided not seek renomination. In his words, "I frankly did not believe in 1968 that I could survive another four years of

long hours and unremitting tensions I had just gone through." Doris Kearns notes that Johnson seemed to have a desire to withdraw from politics. In three elections he drew up statements announcing his withdrawal (some were never sent) and in the others he became physically ill and had to be hospitalized.

In summary, even leaving aside the gruesome statistics about the probability of death by violence, the mortality rate of contemporary Presidents is striking. Although it is a small group from which to generalize, it is obvious that the men elected to the presidency after 1900—regardless of their age—have generally suffered from many of the ailments associated with executive stress and pressure. Yet nearly all those presidents came to the office with a record of some serious medical malady and one must wonder if the responsibilities of office furthered their deterioration beyond what was to be expected. Certainly both Hoover and Truman, who entered office in good health, do not seem to have been deleteriously effected.

Conclusion

Any analysis of presidential health raises some important medical and political questions. First, the specific instances cited of illnesses and incapacity underscore the importance of the subject. While a person has a right to privacy, not every person should have a right to use that privacy to veil one's true physical condition if he or she chooses to run for the presidency. Wilson's failure after the Paris Conference and FDR's periodic aimlessness during and after Yalta, to take two obvious examples, effected more people than simply the principals involved.

Also, it is all too clear that many of the physicians serving the presidents have shown a tendency to become medical courtiers more interested in protecting their special patient's public reputation than in providing candid explanations of the conditions of their leaders. If the public wishes to set up a screening device for all presidential candidates, as has been suggested, then it would do well for Congress to create an independent board of medical examiners. Short of that, medical statements on a candidate's physical fitness are as useful as campaign promises.

NOTES

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DO STRONG PRESIDENTS REALLY WANT STRONG LEGISLATIVE PARTIES?

The Case of Woodrow Wilson and The House Democrats

by

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Woodrow Wilson is usually thought of as one of the great exponents of strong party government. Ironically, his actions as President played a major role in undermining precisely such a system. This article attempts to demonstrate how Wilson's legislative tactics and his conception of the presidential role undermined the floor leaders of the Democratic Majority and encouraged the development of centrifugal political forces in the House of Representatives. Wilson's experience with the House is also employed as a basis for speculation as to contemporary trends in the relationship between the President and Congress.

"A Democratic President should profit from a strong, cohesive Democratic majority in Congress. Congressional decentralization, on the other hand, irresponsibly vesting power in committee and subcommittee barons, represents the negation of the cohesive party ideal and stands as the perpetual bane of the activist chief executive." This is the gist of the wisdom, handed down in page after page of reformist writing on Congress.¹ But given the pace of recent changes on Capitol Hill such wisdom may prove a misleading guide to the future of presidential-congressional relations.

The signs of change are everywhere. Seniority is no longer sacrosanct. Elder chairmen of committees and subcommittees have been successfully challenged and deposed by

the Democrats in caucus. The southern wing of the party has experienced a substantial transformation, with new more moderate members taking the place of die-hard Dixiecrats. An influx of young congressmen has spurred demands for legislative leadership and for procedures more attuned to the development of constructive programs in a variety of policy areas.

Of course it is far from clear that all this will lead to a stronger congressional majority in the traditional sense. That is to say, one dominated by a powerful centralized floor leadership. Indeed, in many ways the opportunities for such leadership, based on playing one's cards close to the vest in the manner of Sam Rayburn and Lyndon Johnson, have been severely limited. Rank and file members



Two giants of the past, George Washington, depicted on his deathbed, left, and Andrew Jackson, were among the sickest Presidents.

If Doctors Had Chosen Our Past Presidents—

Smallpox, tuberculosis, stroke, depression, cancer, heart disease—these are some of the scourges that U.S. Presidents suffered, with dramatic consequences for the country's political destiny.

For many years, Dr. John B. Moses, an internist in Scarsdale, N.Y., has been investigating little-known medical facts of past Presidents—soon to be published in a book, *Presidential Courage*, W. W. Norton & Company, coauthored by writer Wilbur Cross of Bronxville, N.Y.

Abigail Trafford, the magazine's health editor, wrote this article based on their research.

As the 1980 election heats up, the health of the presidential candidates is high on the list of public debate:

Is Ronald Reagan too old? What about Ted Kennedy's bad back? Will jogging Jimmy Carter collapse?

Today, the shield of medical privacy is diminishing for public figures. Results of presidential medical examinations are published, right down to the most intimate physical and psychological details.

How healthy does one have to be to become President? If history is any guide, not all that healthy.

On the whole, America's Presidents have not been a healthy lot. Many of them battled major illnesses while in office, frequently hiding private traumas—and the disabling effects of disease—from the public.

Thomas Jefferson often rode through the countryside sobbing and moaning, a victim of severe depression and prolonged migraine headaches. James Madison had hysterical epilepsy. Chester Arthur suffered from fatal nephritis, a kidney disease. Grover Cleveland was treated for cancer while he was President. Woodrow Wilson was totally disabled by a stroke. Franklin Roosevelt, a polio victim, was progressively destroyed by cerebral ischemia and may have had skin cancer as well.

Some of the healthiest Presidents—James Buchanan, Herbert Hoover and Calvin Coolidge, to name a few—are far from being hallowed names.

Even more startling is evidence in the archives on how

sick many American Presidents have been and yet how ably they managed to serve the nation.

The Ailing Achievers

George Washington was a hypochondriac in the full

sense of the word. He died with a finger carefully pressed against his left wrist, taking his ebbing pulse, obsessed to the end with details of the many illnesses that burdened his 67 years.

Washington's chest was hollowed out from tuberculosis; his skin pockmarked from smallpox; his jaw deformed by rotting teeth. He also had severe respiratory problems and could hardly breathe. Even at rest, he was scarcely able to supply enough oxygen to his lungs, weakened from frequent bouts with pneumonia. Two years before becoming President, he was so disabled by rheumatism that he could barely raise his hands above his head.

Six weeks after taking the oath of office, Washington had major surgery, with no anesthesia, for a pus-filled tumor in his thigh. Complications set in, his vision failed and pneumonia followed. In all, he was disabled for 109 days of his Presidency, during which time he conducted very little official business.

Nevertheless, Washington managed to reorganize a fledgling government, establish financial stability in the new nation, alleviate tensions between the U.S. and Great Britain and successfully negotiate treaties with the Indians along the frontier to open up new lands for settlement.

Washington was not the only sick giant in the American Presidency. Probably the sickest of all was Andrew Jackson, the country's seventh Chief Executive. All through his life, he walked in the shadow of death. Cadaver thin, Jackson was almost 6 feet tall and weighed only 129 pounds. If he lived today, he could not qualify for even the most liberal life-insurance policy.

As a boy, Jackson was a drooler, constantly spitting and dribbling, especially under stress. He suffered from chronic dysentery most of his life. During the Revolutionary War, he came down with smallpox. His teeth were so decayed that he could not eat solid food. He also had "the big itch" or chronic urticaria, causing him to itch intermittently from head to toe.

To make matters worse, he was almost killed in a duel at the age of 39. The bullet went into his chest, missing his heart by little more than an inch, breaking two ribs and lodging in the left lung.

The injury eventually developed into a permanent putrid



Grover Cleveland underwent a secret operation in 1893 for cancer of the mouth that left him unable to speak.



At Yalta, a desperately ill Franklin D. Roosevelt negotiated the boundaries of post-World War II Europe.

abscess in his chest, causing Jackson to cough up pus and blood for the rest of his life.

Jackson's final months in office were a nightmare of pain. His feet had swollen so much he could hardly walk; his headaches were so severe he could not concentrate. He was plagued by diarrhea, indigestion, shortness of breath, hemorrhaging and deep pains in his chest. Adding to this were blindness in one eye, blurring of vision in the other and an ear infection that dulled his hearing.

He seldom set foot out of the White House and often postponed cabinet meetings. So disabled was Jackson in the final days of his Presidency that he was not even able to deliver a farewell address to Congress.

Yet Jackson was one of the strongest Presidents ever to occupy the White House. Instead of dulling his power, illness and pain sharpened his determination. At the Paris Conference of 1831 over reparations from the Napoleonic wars, the French took one look at this walking medical clinic and expected an easy victory at the bargaining table. But Jackson wasn't called "Old Hickory" for nothing. In the end, the French paid up—as did most of his political foes.

Jackson's Presidency marked a turning point in American history. He led a divided people through a devastating financial crisis, and set the stage for giving the people a more direct voice in government. And he lived to the age of 74.

Shrouded in Secrecy

Most Americans had little knowledge of Jackson's medical condition. It was considered none of their business. Long after Jackson's tenure, cover-ups of a President's health were deemed proper.

In the summer of 1893, for instance, no one knew of anything amiss as the 75-ton yacht *Oneida* cruised up New York's East River. Yet, on board, an obese, bull-necked, gout-afflicted man was being operated on for cancer of the mouth: Grover Cleveland, 22nd President of the United States.

It was a bad time for a President to get sick. The country was in the grip of a spreading depression. The Philadelphia & Reading Railroad had gone bankrupt, unemployment was rising and some 500 banks and 15,000 businesses had failed.

It also was a time in medicine when the death rate in surgery from anesthesia alone was 14 percent. To make matters worse, the cancer Cleveland had was much more se-

vere than the doctors originally thought. The malignancy spread from the roots of his left molars to the hollow cavity of his upper jaw.

The surgeons had to remove all but a small portion of the President's left upper jaw. Two days later, the White House issued a statement that Cleveland was "up and about" following the removal of abscessed teeth. Behind closed doors, the President's doctors were facing another crisis: Cleveland could not talk. The operation left him "wholly unintelligible, resembling the worst imaginable case of cleft palate," in the words of one doctor. Fortunately, a dental surgeon was able to restore the President's speech with an artificial jaw made from vulcanized rubber.

The public never knew about the President's private battle with cancer, and this "medical Watergate" was kept secret for more than two decades. So elaborate was the cover-up that even Cleveland's wife didn't know he was sick until after the operation was over.

A week after the operation, White House aides called a press conference and announced that the President had a lame knee. What about the rumor that he had cancer? Dr. Thomas Bryant, who had just operated on Cleveland, said: "The President is absolutely free from cancer or malignant growth of any description." According to the *New York Times*, the physician asserted that "no operation had been performed except that a bad tooth was extracted."

From history's point of view, Cleveland's cover-up could be justified. He not only survived his second term in good health but led an active life until he died in 1908 of a heart condition at age 71.

Medical cover-ups by other Presidents, however, have not been judged so kindly in the light of history. It is now suggested that Franklin Roosevelt had cancer when he ran for a fourth term in 1944. Certainly he was a very sick man. Already crippled from polio, he had hypertension and congestive heart failure, which meant that not enough oxygen was getting to his brain or kidneys.

After FDR completed three successful terms that saw the country through the Depression of the 1930s and the decisive years of World War II, his accumulated ailments exacted their price. At the Yalta Conference in February of 1945, which set the political stage of postwar Europe, Roosevelt was visibly handicapped. He had little drive and



After Woodrow Wilson was disabled by a stroke, his second wife, Edith Galt, all but ran the White House.



Recuperating from a massive heart attack, smiling Dwight D. Eisenhower went on to win a second term.

couldn't concentrate. He badly misjudged Stalin, and some historians think that the dying President conceded more to the Soviet Union than he would have if he had been in good health. Lord Moran, Winston Churchill's physician, estimated that the President had only a few months to live.

At home, however, the public was being continually reassured. Just before election to a fourth term, Roosevelt's medical adviser had announced that his patient was "in better physical condition than the average man of his age" and that his health was "good, very good." Roosevelt even gave a speech in the rain to prove his stamina and quash any rumors about his health.

But Lord Moran had the last word. Roosevelt died two months after the Yalta Conference of a massive cerebral hemorrhage, and the boundaries of modern Europe were sealed.

History's Medical Conspiracy

Perhaps nothing in the medical history of American Presidents compares with the extraordinary events involving Woodrow Wilson, who was completely disabled by a stroke for his last year in office.

In the spring of 1919, Wilson was at the apex of his political career. The war to end all wars was won; Wilson was idolized by the people of Europe as well as the United States. He was the foremost head of state in the postwar world when he went to the Paris Peace Conference to make the world safe for democracy.

Yet, in Paris, perspiration blotted his sallow cheeks as he tugged at bulky upholstered chairs, mahogany tables and other pieces of furniture in the American Embassy. He was convinced that evil forces were conspiring against him and that French spies were stealing and rearranging American furniture.

The climax came a few months later. In early October, Wilson suffered a stroke and was paralyzed on the left side from head to toe. Yet he denied he was sick and remained in office with full powers of the Presidency. The patient was never hospitalized, never tested to determine the extent of his mental functions and never checked to define the nature and location of the brain lesion that resulted from the cerebral trauma. The inner circle of the White House guard, with Wilson's second wife Edith Galt in com-



John F. Kennedy in a rocking chair to soothe his bad back. He also had a hormone condition that required cortisone drugs.

mand, never let go the reins of power, and the public never realized the extent of this dying man's disability.

During this twilight Presidency, some 28 bills passed by Congress went unsigned. Wilson stubbornly refused to accept any compromises on the League of Nations, placing in jeopardy the very cause of peace for which he had fought so long and so hard.

What is forgotten in this bizarre story of medical conspiracy is that Wilson had long been a sickly man with a record of breakdowns. Between the summer of 1875, when he was 18, and the beginning of his final illness in 1919, he had 14 separate illnesses, lasting from two months to a year.

One day in 1906, for example, he woke up completely blind in his left eye—probably due to a blood clot in the

brain. At the time, his first wife wrote that Wilson had hardening of the arteries and was "dying by inches and incurable." All in all, it is surprising that a man so fragile even reached the White House.

Now: Virtually Full Disclosure

In recent decades, the public's right to know has gone a long way to break down the secrecy of the past. Dwight D. Eisenhower, the last President to have a heart attack while in office, was so disabled from September of 1955 to January of 1956 that the the job of running the government was turned over to then Vice President Richard M. Nixon—according to a standby agreement both had signed before taking office.

Fortunately there were no national or international crises during this period. Meanwhile, daily and sometimes hourly bulletins of medical trivia fueled what became a national soap opera: The President had to urinate in a milk bottle when no bedpan was handy; his pajamas had to be changed because he soiled the first pair.

Six months later, Ike was stricken with ileitis, an inflammation of the lower section of the small intestine, and underwent major surgery. Once again, the country was caught up in the medical drama of the President. Progress reports were issued from the White House several times daily.

This new style of openness became so popular that when President Lyndon B. Johnson had his gallbladder operation in 1965, he proudly displayed the scar of the incision to the public.

One of the more disabled Chief Executives in recent years was John F. Kennedy, who at 43 was the youngest President elected to the White House. A symbol of youth and vigor, JFK was actually plagued with a bad back that had totally incapacitated him on many occasions. His brother Bobby said that "at least half of the days that he spent on this earth were days of intense physical pain." Kennedy also was a victim of Addison's disease, a disorder involving the adrenal glands, which forced him to depend on powerful mood-altering cortisone drugs. This hormone condition was carefully downplayed in the 1960 campaign.

Despite these physical burdens, JFK missed only one day of work during the 1,000 days of his Presidency.

Inner Demons at Work

For many Americans, Abraham Lincoln ranks as the greatest President of all for leading the country through its darkest hour of civil war. Today, however, some experts doubt that the man could pass a basic psychological test, let alone a comprehensive psychiatric examination.

Lincoln, whose sad, haunted look is so familiar in photographs, was a victim of severe melancholia, with periods of uncontrollable depression all through his life. He had visions and believed in dreams that gave premonitions of his own death. In March of 1865, only one month before Lincoln's assassination, the U.S. surgeon general feared that the President was "on the verge of a nervous breakdown."

Lincoln could barely see out of one eye. He suffered from frequent nervous attacks characterized by burning eye-strain, headaches, indigestion and nausea. In the White House, he installed a couch near his desk so he could lie down with a cold compress over his eyes whenever one of these attacks got the better of him.

Medical hindsight traces these mental conditions to a

childhood accident. When Abe was 10 years old, he was kicked in the head by a horse and left unconscious. In all likelihood, authorities now say, the skull was fractured deeply enough to cause brain damage. A subdural hematoma, swelling from ruptured blood vessels in the brain, probably damaged the left frontal lobe and played a part in shaping personality as well as causing physical and mental imbalances.

Lincoln's depressions were often associated with women. When his first love died, he was so stricken with grief that friends described him as being "in the shadow of madness." A few years later, an attack of depression caused him to run away and hide on the day of his wedding. When he was found the next day, his state of mind was so unstable that close friends watched him, taking shifts around the clock, fearing he might attempt suicide. This depression stretched on for almost a year, during which time he was unable to hold a regular job.

Lincoln also brought many common physical ailments of his day to the White House: Chronic constipation, corns and calluses, insomnia, low blood pressure, various fevers, latent tuberculosis and gradual hardening of the arteries.

When he went to Gettysburg to deliver his famous address, Lincoln was coming down with smallpox, which may have had something to do with the brevity and tone of the speech.

What's more, a recent theory suggests that Lincoln also was suffering from Marfan's syndrome, a fatal disease of genetic origin with symptoms of heart and eye problems, poor skeletal growth and spidery, somewhat uncoordinated legs—all of which were present in Lincoln.

Said an editorial in the *Western Journal of Medicine* in 1978: "Had John Wilkes Booth not fired the fatal shot on April 14, 1865, Lincoln would have died within a year from complications of Marfan's syndrome—for which there is still no cure."

Other Presidents with psychological problems have not fared so well. Franklin Pierce, the Democratic dark-horse candidate of 1852 who never wanted to be President, was an alcoholic. Personal tragedy dogged his life. His only son was killed in a railroad accident on the way to his inauguration; his wife collapsed and refused to come to Washington. A weak man who had always turned to liquor to bolster his confidence, Pierce died of alcoholic cirrhosis of the liver.

Although Pierce's alcoholism was never mentioned in public, word got around. A one-term President, Pierce was deserted by friends and damned by his native state of New Hampshire. Only author Nathaniel Hawthorne, who understood that alcoholism was a disease, stood by him.

History shows that bad health does not exact the same price from each President. The disease-ridden Andrew Jackson came back a winner from the international bargaining table over the Napoleonic wars; Franklin Roosevelt was the loser at the Yalta Conference.

There is also a crucial difference between sickness and disability. Cleveland was sick with cancer and recovered. Wilson never recovered from his stroke, holding the office political hostage.

Thus, history has been shaped by Presidents who have been sick, lame, blind and even close to madness. The publicity given to the health of today's presidential candidates may lessen that risk, but historians also wonder whether it might not deprive the nation of great talents like those of the sick men who occupied the White House in the past. □



Abraham Lincoln suffered from depression most of his life.

gress became the ranking minority member of the Senate Foreign Relations Committee, sent Brzezinski a written demand on December 18 for any and all NSC and other records in federal custody that might bear upon Haig's fitness. Brzezinski justifiably refused to accede to so broad a demand and asked for specifics, then spoiled his act by seeming in a cable television interview to accuse the Senate Democrats of planning a "witch hunt." That's exactly what they were doing, with Pell's wholesale call for records and tapes bearing upon Haig's services to Richard Nixon during and after Watergate. Brzezinski said in the same interview that his witch hunt crack was aimed at slavering journalists, not at the Senate Democrats, but the qualifier went unnoticed. Carter seemed a day later to overrule Brzezinski and be more willing to cooperate with the committee Democrats than Brzezinski was. Pell in fact had narrowed his first request and made it more specific, and Carter was responding to the modified request. Also, however, he asserted his right as the incumbent President to clear any materials from the files of Nixon and Gerald Ford that might be offered to Pell by the former presidents' attorneys. That was too much for Herbert Miller, Nixon's Washington attorney, who instantly broke off separate negotiations with Pell and served notice that he might contest any release of Nixon tapes or other material in court. Ford's attorney, Dean Burch, insisted that Ford retain the right to clear any release from his files and seemed to be calmer about it than Miller was.

There the matter stood when Carter, obviously not occupied with anything vital to the nation, took off for a brief stay at his home in Plains, the day before Haig's confirmation hearing was to open. Jody Powell said that Carter needed time at home to prepare for the end of his presidency and his final return to Georgia on January 20.

John Osborne

Why Dr. Lukash would rather dole out aspirin than be chief of gastroenterology.

The First Physician

William Lukash's rise to the top is a classic Washington saga. Fourteen years ago, at age 36, he was recommended for a part-time job in the White House. He grabbed for the spot, and, realizing that his future depended primarily on the beneficence of President Johnson, he energetically began currying favor with the boss. He did this in typical Washington fashion. Although he was only a part-timer, he spent a prodigious number of hours in the office. He hovered

around a lot—always there in case he was needed, but never so bold or forward that he could be accused of being a pain in the neck. He was solicitous in his advice, but never proffered it unless asked. He knew how to keep his mouth shut. In short, he behaved with the odd mixture of self-assertion and self-effacement characteristic of that Washington social type, the special assistant.

Soon Lukash was making regular trips to Johnson's Texas ranch. He became a member of the Johnson entourage, one of the handful of people who went everywhere the president went, all over the world.

Most amazing of all, two presidents later, Lukash is still there. He is one of Washington's great survivors. How did he do it? Well, among other techniques, after taking over from the man who had stood bureaucratically between him and the president, he quickly slashed his staff by more than half. This not only saved the government money, but helped to assure that he would not have to face competition for the president's affection from a young, Lukash-like subordinate. He worked to establish a locker-room *bonhomie* with each successive president, playing golf with Ford, jogging with Carter, etc. He managed to be the first person to see the president in the morning and the last to see him at night. He cultivated the first lady. And he was always discreet, especially with the press. He knew how to stay in the background when things were going well, and how to tiptoe around controversies when they unfortunately arose.

Now, like so many other Washingtonians who clawed their way to the top, Lukash is about to be swept out of his job in the Reagan landslide. Cronyism, alas, is back. Bravely, he says he had been planning to step aside anyway: "I had plateaued," he says. But you needn't worry too much about him. He has been sifting through offers from the private sector, and there may even be a book in the works. "I'm not sure about that," Lukash says. "But of course," he adds with a modest smile, "the agents have been calling." A fitting end to a Washington tale. Lukash is about to cash in his chips.

This sounds like a typical saga of a Washington lawyer or political operative. But William Lukash isn't a lawyer—he's a doctor and an admiral in the Navy. He happens to be the White House's official in-house physician, which means (drum rolls, please) he is the man most responsible for keeping the leader of the free world healthy. That's the billing. As with most high-echelon special assistantships, the daily duties are considerably more mundane—far beneath the talents of the occupant, and beneath his dignity too if it weren't for the glamorous trappings. Lukash runs a White House version of the nurse's office in elementary school where your teacher sent you if you complained of a headache. When Zbig complains of a headache, he gets sent straight to Lukash. Lukash also is the personal doctor for not just the president, but for all the members of the first family. But he still manages to

spend the largest part of his time tending to America's premier patient—the president. Lukash has treated, in his career, such well-publicized presidential ailments as Johnson's heart condition, Nixon's phlebitis, Ford's football knees, and Carter's piles. These are not, Lord knows, diseases that have put Lukash on the frontier of modern medicine, but frankly, he doesn't give a hoot about that. As he looks back over his long career in the White House, he has nothing but fond memories. It has been "an honor" to have had the chance to serve as White House doctor, he says. He has found working in the White House "awesome." He has considered his responsibilities "challenging." "I leave with a sense of satisfaction," he says.

Judged by the only standards available, Lukash has indeed had a successful tenure as chief keeper of the presidential health. None of his presidents has keeled over dead in the middle of high-level negotiations with Allied leaders. None has even spent much time being too sick to carry on with the important business of running the nation. Lukash's special contribution has been setting up diet and exercise regimes for his presidents that have kept them usually at the top of their games. Depending on your political persuasion, this should have met with your approval at least some of the time over the past 14 years.

On the other hand, Lukash has had four very healthy presidents during his reign as White House doctor. He hasn't had to cope with paralyzed presidents (Roosevelt), manic-depressive presidents (Wilson), presidents with cancer (Harrison), presidents with chronic back trouble (Kennedy), or presidents with debilitating diseases of one sort or another (at least a dozen others). Johnson's heart condition was the closest Lukash came to handling an ongoing medical problem, but Lukash's treatment consisted primarily of feeding Johnson's need for constant reassurance that he was not on the verge of a new attack, rather than providing sophisticated treatment. On his first trip to the Johnson ranch, Lukash was summoned to examine the president's heart at 2 one morning. When he arrived, his stethoscope was still cold, and when he put it to Johnson's chest, the president let out a string of loud Texas epithets. "After that," recalls Lukash, "there was a closer rapport between the two of us." This was the highest sort of challenge Lukash faced in his White House career.

The history of medicine in the White House is not full of success stories like Lukash's. In truth, many of the physicians have been hacks, culled from the ranks of the Navy, which pays for the doctor's office in the White House, and which therefore provides a doctor to the president free of charge. These men were often little more than court jesters. They had been chosen not because of their medical skills, but because presidents liked having them around. The office apparently hit rock-bottom during the presidencies of Wilson and Roosevelt. Under Wilson, writes one physician who has researched the subject, "[the] young naval surgeon

proved little during the next eight years except the fact that he knew almost nothing about the care of hypertensive cardiovascular disease" (which Wilson suffered from). Roosevelt, despite his paralysis and other illnesses, chose the legendary Ross T. McIntire as his physician, a man so inept at his profession that he was criticized by the AMA. For two years, McIntire single-handedly misdiagnosed Roosevelt's congestive heart problems, primarily because he believed in Roosevelt's toughness. Even McIntire, though, went into the White House as a low-ranking naval officer, and came out a rear admiral. This has since become traditional for White House doctors, Lukash included.

In JFK's administration, the White House doctor was his longtime physician, Dr. Janet Travell. Travell was the first White House doctor to try to make a bundle by writing about her experiences, in the now-forgotten *Office Hours: Day and Night*. She was also the first White House doctor really to master the art of news management. For example, she used to deny that Kennedy was afflicted with a form of Addison's disease, despite a good deal of evidence to the contrary. Most important, Travell was the first White House doctor to insist on following the president everywhere he went. This was her *cause célèbre*, but in this, as in so much else, she was ahead of her time. "Doctors have better use for their time than to follow me around," Kennedy told her.

BY THE TIME Lukash first came to the White House, Travell's arguments had carried the day. A doctor now traveled with the president at all times, and one or another of his assistants went with the first lady and vice president. But the man who was then the White House doctor, Rear Admiral (of course) George Berkeley, didn't care for all that traveling. Nor did he like working late hours, which White House doctors now did whenever there was a reception at the White House. That is why he tapped Lukash to help him out. Lukash was then a lieutenant commander in the Navy, and chairman of the gastroenterology department at Bethesda Naval Hospital. After joining the White House staff, he would work the day shift at Bethesda, and then head for the White House for evening duty. Evening duty consisted mostly of hanging around and waiting to see if the president or one of his guests got a stomach-ache, but Lukash was up to it. Sometimes he actually would get to attend the reception, where he could refine his low-key technique. "I stay close to the President, but not in such a way that I would stand out," he once told *Nation's Business*. "Everybody thinks I'm a Secret Service man."

Today, as number one White House doc, Lukash still does evening duty. And travel duty. And everything else. He has ceded none of his responsibilities to anyone else. "The man," writes Sheila Rabb Weidenfeld in her memoir of life as Betty Ford's press secretary, "is at the White House when the President arises just about every morning, and usually does not leave

until the President goes to bed every night." She goes on:

During the day, he is usually in his office, sitting, reading or treating other patients, but always close to the electronic box that lists the First Family principals by their code name and tells where each is at all times during the day. His office is right across from the elevator to the Family residence, and whenever his box shows that the President is on his way home, Lukash stands outside just to check on his patient as he bounds by for the elevator and give the President a chance to say 'I have a headache. . . .' When Mrs. Ford is sick, he is at her bedside. . . . He monitors the President's activities, too, suggesting a swim or a game of golf or some other exercise when he feels he needs it. (And he *still* finds time to take care of Susan's cramps!)

During the Carter era, Lukash has not been able to develop an elevator-side manner because Carter walks down the White House stairs as part of his exercise routine. But for Lukash, there are other ways to nab his man. At Camp David Lukash usually runs with the president, and at the White House he often plays tennis with him. He is always on call when Carter wants to hit a few balls back and forth. He can watch for those telltale signs of illness while smashing a forehand past the president. When Carter doesn't want to play tennis, sometimes Rosalynn does. Lukash makes himself just as available for her, and has come to admire her backhand these last four years. ("I have watched her progress. She has a marvelous game.") He makes it a point, he says, to try to see the president at least once a day, and he has his patient trained to tell him whenever he has a minor ache, so Lukash can treat it quickly before it gets any worse. For our presidents, of course, having a fellow like Lukash around is pleasant. This constant, obsessive medical attention for themselves and their families feeds their sense of self-importance, and doesn't cost them a penny in medical insurance. And they get a free tennis partner in the bargain. Whether it is necessary, or even wise, to have a doctor dogging the president's every step is a tougher question.

The question that interests me most, though, is why a man trained for a sophisticated medical practice, able to cure real sickness and alleviate real suffering, would rather play school nurse. "Every day I've been here has brought a new challenge," Lukash said the day I talked to him. But from what I can tell, the most difficult challenge he faces is trying to stay awake all day. For all the hours he spends in waiting, the fact is that Rear Admiral William Lukash doesn't have much to do all day. "It's not a very demanding job," said one person who had seen him in action during the Ford years. "All I've ever seen him do is read magazines," said a White House staffer from the Carter era. Some people are attracted to the White House for power, but Lukash has less than he did as chief of gastroenterology at Bethesda 15 years ago. Others want to make policy, but Lukash doesn't do that either. He doesn't get much

inside skinny about crucial world events. (But he does get to hear about deaths. According to Bill Gulley, who once headed the White House military office, Lukash was the first to know that LBJ had died. "That's right, Bill," Lukash told Gulley, "Big Ears is dead.") And Lukash certainly hasn't kept the job because of its medical challenges. The big issues Lukash has faced have been things like: Should Ford keep smoking his pipe? (Yes, Lukash decided—it relaxes him.) Should Nixon go to Egypt despite his phlebitis? (Yes—the importance of the trip outweighs the personal danger.) Should Jimmy Carter run in the marathon? (Yes again—he's a good runner and it relaxes him.) Yes, Mr. President. Yes, Mr. President. Yes, Mr. President.

No, the reason Lukash has stayed at the White House for all this time is that he really likes hanging around presidents even though he has nothing to do while hanging around them. As Gulley says, "There's always a thrill when you get on Air Force One, or walk out into the Rose Garden, or do things like that. I was susceptible to it, and I'm sure Bill Lukash was too." Lukash himself speaks of being "awed every time I walk in this place." He likes the idea that he played golf with Ford, and tennis with Carter, and traveled all over the world with both of them, and in general, *knew them personally*. For this, he has more or less thrown away a serious medical career. And no doubt he really does see it as vital work, even if 90 percent of it is spent reading *People* magazine.

IN FACT, a case can be made, though you'll never hear Lukash making it, that America would be better off without its first physician. A first physician, hovering around all the time, can get pretty close to the first family, and that might cause him to lose his judgment now and again. Sheila Weidenfeld, in her memoirs, strongly implies that the doctor's close relationship with Betty Ford caused him to be too loose with the Valium. She claims that Betty's obvious lapses late in the campaign were caused by her habit of washing down a Valium with a drink. Lukash says that this is hogwash and that Betty was merely suffering from "fatigue." As to what happened to her after she left the White House, well, that wasn't his department anymore, was it?

Lukash leaves the White House with an overwhelming sense of admiration for the men he has served. He admires the way Carter studies the trees in the Rose Garden. He admires the way Nixon drew "strength from his family and deep belief in religion" during Watergate. He admires the way Gerald Ford skis. He admires the "depth" of all them, and their devotion to their job, and the way they overcome jet lag, and the way they have taught themselves to take catnaps. He says he tries not to root for *his* president at reelection time, but he admits that it is hard. They're all just so doggone admirable.

Most of all, he admires their health. Lukash has a theory that presidents and men like them—"Highly

Successful Executives," he calls them—get sick less than the rest of us because they have developed good health habits and have learned different ways to relax, which keeps them from getting nasty things like ulcers. (Of course, they also don't have the boss yelling at them all the time, since they *are* the boss, but Lukash insists this has nothing to do with it.) Lukash has become fascinated with happy, healthy, highly successful executives, and that's what he wants to write his book about. (Attention, all you agents.) He wants to call it "Stress in High Places," and to flesh it out he plans to use anecdotes about the highly successful executives he has come to know—Carter, Ford, Nixon, Johnson, Sadat, Mao, and so on. The book will be full of stories about how, for example, Carter listens to symphonic music while reading 300-page memos, and how Ford used to swim to relax. It sounds like a major medical breakthrough, worthy of the nation's first physician.

Joseph Nocera

Joseph Nocera is a contributing editor of the Washington Monthly.

A nuclear detective story.

La Bombe

As if to celebrate the arrival of the Antarctic spring, a brilliant flash of light illuminated the dawn of September 22, 1979, in the southern hemisphere. The White House prefers to believe it was all done by mirrors, but almost everyone else in the US scientific and intelligence communities thinks that this marvel in the South Indian Ocean was caused by a nuclear explosion. No authorities abroad have publicly supported the White House interpretation. The Dutch foreign minister said publicly that he did not believe Cyrus Vance's assurance that the flash was a natural phenomenon. There are other capable intelligence organizations and scientific observers all over the globe, and all have been silent. No one seems to be eager to identify the culprit or the type of weapon.

There were widespread suspicions at first that Israel and/or South Africa were responsible for the burst. Both these countries were extremely vehement in their denials. There was some evidence of a political nature that India was responsible. But with only circumstantial clues to tag any particular nation, the episode seems to have been largely forgotten—by the US and practically everyone else.

The double-pulse flash of light of the type produced by a nuclear explosion was seen by a US nuclear test detection satellite. From the nature of the pulse, it was estimated that the power of the explosion was just a

small fraction of the Hiroshima bomb—perhaps a fifth. The actual location of the flash could not be limited beyond a 3,000-mile-wide circle covering the Indian Ocean, the South Atlantic, the southern tip of Africa, and a small part of Antarctica. Within this area lie the Kerguelen Islands, an archipelago in the southern Indian Ocean. The archipelago consists of the main island, sometimes known as Desolation Island, and about 300 small islets scattered over an area of almost 3,000 square miles. The islands are administered by France. Since 1950 the French have maintained a small scientific center with a staff of about 100 in Kerguelen. At one time the islands were under serious consideration by France as a nuclear testing site. The French extensively surveyed the area for this purpose before they decided on Polynesia.

Besides the flash of light there was no other real confirmation that a nuclear explosion had taken place. At first, there was no telltale detection of radioactivity; for very low-yield explosions in the southern hemisphere, such detection is difficult. This lack of radioactivity gave rise to speculation that the explosion might have been a test of a neutron bomb. Designed to minimize the unwanted effects of tactical nuclear weapons, neutron bombs are designed to have as small a fission component as possible and therefore little fallout.

Proceeding from the hypothesis that it was a neutron warhead, who might the detonator have been? Since there never has been any verifiable evidence that the South Africans have conducted any nuclear tests at all, it seems unlikely that they would make their first test (or even their fourth or fifth) a relatively sophisticated neutron warhead. Also, for what it's worth, South Africa has signed the Limited Test Ban Treaty. That Israel, perhaps in complicity with South Africa, conceived and executed the test seems equally unlikely. Israel is also a party to the treaty banning tests in the atmosphere. To take the risk of violating this treaty, especially in the Camp David atmosphere, would seem hardly worthwhile.

Another suspect is India. It has conducted at least one nuclear test, a fission device of far greater yield than a neutron bomb. India also has ratified the test ban treaty and might have been reluctant to risk adverse world opinion by violating it. And it would have been sporty indeed, and compounding the overall risk, to go from an unrelated fission bomb program to a neutron test.

But now take France. For the French there would be a much different risk equation. France always has refused to sign the Limited Test Ban Treaty. (Several years ago, primarily to placate New Zealand and Australia, the French went underground with their testing in Polynesia in order to eliminate atmospheric radioactive contamination.) But if France were caught conducting an atmospheric test, however low the yield, there would be some embarrassing political ramifications. (Of course the Chinese continue to test large-

can't understand why the government of Albany, City Council of Albany, cannot do the same for American citizens.

We are going to attempt, as we have in the past, to try to provide a satisfactory solution and protection of the constitutional rights of the people of Albany, and will continue to do so. And the situation today is completely unsatisfactory from that point of view.

[9.] Q. Mr. President, have you reached a decision yet as to the extent and timing of additional nuclear testing required by this Government?

THE PRESIDENT. No, as you know, we are repairing the pad at Johnston Island, and we will make a judgment in regard to those three tests when the pad is completed. That will of course conclude—if we go ahead with those tests—that will conclude this series of tests.

Q. Excuse me, sir. Did you say three tests?

THE PRESIDENT. I believe there were three that are still to be done.

[10.] Q. Mr. President, the Gallup poll published today shows that some 72 percent of those polled are opposed to a tax cut if it means the Government will go further into debt. Can you tell us what factor this will be in your decisions about the tax cut?

THE PRESIDENT. Well, as I have said before, we are going to wait until we get the July figures, which will be available in this first 10 days, after the first 10 days of August. In addition, we'll make a judgment as to whether those figures indicate we're in a plateau or whether we are in more serious economic difficulty. And the figures, of course, today on unemployment, which are the lowest they've been for the last 18 months, are somewhat encouraging, but we can make a more final judgment in early August. Then we will discuss that matter with the appropriate members of the responsible committees.

Now, that question was asked in a particular way. You might get a different answer if you'd asked the question differ-

ently. If you said, "Do you believe in a tax cut as a means of preventing a recession at some future date, and unemployment which will bring potentially a larger deficit and a further increase in the debt?" I think you might have gotten a different percentage, and particularly if the 1958 experience had been recalled, where there was no tax cut and there was the largest peacetime deficit in history because of a drop in income levels. All this must be taken into consideration as well as the views of the members of the House and Senate, the schedule of the House and Senate. For example, the Senate Finance Committee will not even conclude its hearings on the trade bill until the first of September, and then have to go into executive session. We recommended a tax bill last year which has just been reported out yesterday from the Senate Finance Committee, 18 months after we recommended it. So that it does require very careful judgments, not only of the economic factors, but also of the legislative situation.

[11.] Q. Mr. President, it's been a long time since we've had a definitive report on your health from the best possible source. How is your aching back?

THE PRESIDENT. Well, it depends on the weather, political and otherwise. It is very good, though, today.

[12.] Q. Mr. President, there are reports or indications that Ambassador Gavin is resigning, at least in part because of the financial burden of maintaining his post in Paris. Does this indicate that your Palm Beach agreement with Congressman Rooney is not working, or do you feel that Ambassadors now have adequate representation allowance?

THE PRESIDENT. No, I think Representative Rooney has done everything he said he would do, but I think the situation still squeezes, because Ambassador Gavin has some family, some children to educate. And while he has received sufficient funds to keep his nose above the water, he has not been given funds which would permit him to meet his family responsibilities in a proper

they have been doing it for the past year. Evidence, therefore, now suggests that in mid-1968 there will be more Soviet ICBM's than were predicted a year ago in the national intelligence estimates.

I want to emphasize that we had anticipated that development in our planning, and this new intelligence estimate, therefore, has no impact, no basic impact, on our offensive strategic force requirements.

In summary, therefore, I think these three major points should be clearly understood by the American public:

First, even if the new intelligence estimates for mid-1968 prove accurate, the United States, without taking any actions beyond those already planned and already financed in the fiscal 1967 program, will continue to have a substantial quantitative and qualitative lead over the Soviet Union in intercontinental ballistic missiles at that time.

Secondly, that the United States has as many intercontinental ballistic missiles today as the latest intelligence estimate prepared within the last 3 or 4 weeks gives the Soviet Union several years hence.

Thirdly, that our strategic forces have today, and they will continue to have in the future, the capability of absorbing a deliberate first strike against this Nation and surviving with the sufficient strength to retaliate in such a way as to inflict unacceptable damage upon the aggressor or any combination of aggressors.

This is the foundation of the deterrent power on which our national security depends.

I have gone to some length to discuss this matter because the power of our strategic missile force and the associated bomber force, the power of that force to survive a strike and to survive with sufficient capability to destroy the attacker, is the deterrent of an attack on this Nation, is the foundation

of our security, and has the first claim on our resources, regardless of the amount required.

That is the policy we have followed in 1967; that is the policy we are following in developing the 1968 program.

I apologize, Mr. President, for taking this much time.

NIKE X

[16.] Q. There is apparently going to be considerable pressure in the new Congress to go ahead with Nike X because of the advance in the Soviet antimissile system.

Has your position changed any about the Nike X?

SECRETARY McNAMARA. As I said earlier, I don't want to comment on any specific weapons systems for 1968.

THE PRESIDENT'S HEALTH

[17.] Q. Mr. President, how are you feeling, sir?

THE PRESIDENT. Fine.

THE DEFENSE BUDGET

[18.] Q. Will the supplemental be just to fund the day-to-day cost of the war? Is there something new?

SECRETARY McNAMARA. The supplement to the fiscal 1967 budget will be related solely to the funding and financing of operations in Vietnam.

Q. Mr. Secretary, what was the original budget figure?

SECRETARY McNAMARA. \$58.5 billion, if I recall the figure correctly, for fiscal 1967.

MORTGAGE ASSISTANCE FUNDS

[19.] Q. Mr. President, the \$500 million that the Federal Home Loan Bank Board

MESSAGE TO PRIME MINISTER HOLT OF
AUSTRALIA

[12.] Q. Did you send congratulations to Harold Holt?

THE PRESIDENT. We send wires to the heads of government and to Prime Ministers who have elections and who are successful. We even send them to members of the opposition party, sometimes, in this country.

Q. Well, in this case, this opposition leader says it is meddling in their elections.

THE PRESIDENT. We just send the wires.

THE PRESIDENT'S HEALTH

[13.] Q. How do you feel, Mr. President?

THE PRESIDENT. Fine.

THE PRESIDENT'S PLANS AND ACTIVITIES

[14.] Q. Do you feel you will be here for the rest of the year?

THE PRESIDENT. Well, I am not a man of an evening nature these days. I will be here for a good part of the afternoon. Then I will be going back to the ranch, and I will be coming back.

Q. Could you tell us generally, Mr. President, just, so to speak, in honor of the occasion of using this new office, what you were working on today?

THE PRESIDENT. I signed a good deal of correspondence, and there are several matters here. I have a matter from the Civil Service Commission. Here are some matters left with me by the leadership.

This is a review of the Presidential statements in connection with low priority items, and the congressional statements in connection with the same thing.

Here are some matters from Ambassador Goldberg that I have not had a chance to

read and digest and get to the bottom of. Here is a memorandum from the Democratic National Committee, and a note from Mr. Cater⁵ that I have not read, involving communication satellites and international education.

Here are some members to be appointed to the Commission on Health and Manpower, on the recommendation of the Civil Service Commission.

There are various reports on prices. These are cattle and hog and wheat and potato prices, and the prices of international raw materials.

Q. How are the cattle prices? Are they pretty good?

THE PRESIDENT. I have not had a chance to read them, but it does not give the actual price. It says that cattle, hogs, and wheat were up a little.

Q. We know a Texas rancher who has cattle. That is why I wanted to ask the question.

THE PRESIDENT. We don't sell cattle for meat. We sell cattle for breeding purposes, so that the price does not affect that at all. I won't take your time to give you a rundown on the cattle we raise.

Q. While we are on that subject, how many cattle do you have at the present time?

THE PRESIDENT. It is a pure guess, and I do not want to be held to it, but it is somewhere in the neighborhood of 100. There are mother cows, and some of them have calves and some of them do not have.

Q. Stuart Long⁶ has been bragging about a bull that he has, which he is very proud of.

THE PRESIDENT. Most men are proud of their bulls.

I also have a communication on the Asian

⁵ S. Douglass Cater, Jr., Special Assistant to the President.

⁶ Stuart Long, founder and manager of Long News Service in Austin, Texas

ing to bring about ideas, or to advance ideas relative to reductions in expenditures, that we just touched on that in passing.

THE PRESIDENT'S REMARKS ON BUDGET PREPARATIONS

[16.] THE PRESIDENT. Are there any other questions?

We will not be able to review next year's program, except as it pertains to these items I reviewed with you, until we make it up. We will be doing that right up to the hour when we deliver the State of the Union Message.

Between now and January here—and if I am in Washington any, in Washington, too—most of my time will be spent in making up the budget. In making that up, you make up your program, which will be outlined in the State of the Union Message.

So far as the budget this year is concerned, and the effect it will have on next year's budget, we went into it in discussions which ranged, I would say, 3 or 4 hours. Actually we spent the entire day on it. We are in general agreement.

All of these expenditures are very essential to some groups, and very desirable to some groups. What we have done is try to take the items that we think are in the lower priority group and hold them back and defer them and postpone them until other higher priority items are taken care of.

That has been the desire of the administration, and the desire of both sides of the aisle, as expressed many, many times.

I committed myself in September to do that if they would give me the tax bill, the investment credit bill, just as soon as the appropriation bills came to me and we could conclude our study. We are about to conclude it. We expect to have an announcement for you after Mr. Schultze returns in the next few days.³

THE PRESIDENT'S HEALTH

[17.] Q. Mr. President, how do you feel today? Does talking make your throat hurt very much?

THE PRESIDENT. No, I feel fine.

Reporter: Thank you, sir.

NOTE: President Johnson's eighty-eighth news conference was held at the LBJ Ranch, Johnson City, Texas, at 6 p.m. on Friday, November 25, 1966.

The official White House transcript noted that the news conference was held with the following persons present: Vice President Hubert H. Humphrey, Robert C. Weaver, Secretary of Housing and Urban Development, Charles L. Schultze, Director, Bureau of the Budget, Senator Mike Mansfield of Montana, Senate Majority Leader, Senator Everett McKinley Dirksen of Illinois, Senate Minority Leader, Representative Carl Albert of Oklahoma, House Majority Leader, Representative Gerald R. Ford of Michigan, House Minority Leader, Representative Hale Boggs of Louisiana, House Majority Whip, and Representative George H. Mahon of Texas, Chairman, House Appropriations Committee.

³ See Item 631.

629 Memorandum on Appointing a Task Force To Study the Role of Educational Television in the Less-Developed Countries.

November 26, 1966

DURING my recent trip to the Far East, I visited the educational television station in Pago Pago, American Samoa, and saw how television is being used to improve the level

of learning in elementary and secondary schools.

I believe that educational television can play a vital role in assisting less-developed

HANOI

[6.] Q. Mr. Ambassador, do you see or hear any new signals from Hanoi?

AMBASSADOR HARRIMAN. There are no new signals from Hanoi. It is encouraging, as I said, that the Soviet Union is ready to talk about it.

They haven't indicated they are ready to do anything.

It is encouraging that all of the Eastern European countries indicate that they are talking to Hanoi. There are third-hand conversations which appear to indicate that Hanoi is willing to talk, provided we do certain things.

I am going to be quite frank in saying that there is no specific discussion going on at the present time.

PARIS DISCUSSIONS

[7.] Q. Sir, did you ask to see Mr. de Gaulle? Is there any significance in your not seeing him but all the others?

AMBASSADOR HARRIMAN. I saw the heads of governments in all other countries. But I went to Paris primarily to meet with the NATO Council, whom I talked to as a group, the 15 members, including our own. I did not ask to see General de Gaulle. But I saw M. Couve de Murville, who is the foreign minister. I paid him a courtesy call.

Reporter: Thank you, Mr. Ambassador.

THE PRESIDENT'S COMMENTS ON THE MISSION
AND ON CABINET REPORTS

[8.] THE PRESIDENT. I want to express my very deep appreciation for the excellent job Ambassador Harriman has done. He is one of our most experienced and most astute diplomats.

He always turns in a most creditable per-

formance. I have enjoyed his oral report and I will look forward to reviewing his written position when it is developed.

I think I have nothing further to say, other than I am following the Government hour by hour here just as if I were in Washington.

I have now received either oral reports from each Cabinet officer or written reports in some detail.

Today I talked at length to the Secretary of the Interior, the Secretary of Agriculture, the Secretary of State, and the Secretary of Defense.

I had met with the Secretary of State and the Secretary of Defense before.

I had a rather full report from the Secretary of Labor. As you know, we had the Secretary of Transportation-designate down here.

We have also had a report from the Secretary of Commerce.

We have reviewed them.

We will have a quiet weekend and I will see you at church Sunday.

If you have any questions, I will be glad to answer them.

QUESTIONS

[9.] Q. How are you feeling, Mr. President?

THE PRESIDENT. Fine.

Q. That covers that.

SENATOR MANSFIELD'S PROPOSAL FOR SECURITY
COUNCIL ACTION

[10.] Q. Mr. President, when you talked to Senator Mansfield today, did you discuss his proposal relative to the Security Council?

THE PRESIDENT. Yes. I told him that I had heard his suggestion that the Security

no suggestion has yet been made to me of raising the minimum wage or the amount by which it should be done, if done.

What has been suggested to me several times is the extension of minimum wage laws, and I was promised that this thing would be thoroughly studied in its probable effects upon our economy. Now, that is as far as we have gone.

Q. Frank van der Linden, Nashville Banner: Mr. President, you had a conference Monday with the Chancellor of Vanderbilt University. Will you tell us the outcome of that conference?

THE PRESIDENT. I don't remember whether I promised to keep that confidential or not. [Laughter]

The only thing is, I don't remember whether we promised to keep this confidential. He brought to me an invitation. Now, I won't discuss the time and place and all of that sort of thing, but he brought me an invitation to go somewhere.

Q. Mr. van der Linden: Mr. President, you didn't say whether or not you accepted it.

THE PRESIDENT. Well, the timing was such I could not possibly accept it now.

Q. Robert J. Donovan, New York Herald Tribune: Sir, in view of certain published accounts which seem to have caused some concern in the country, I wonder if I could presume to ask how you are feeling these days.

THE PRESIDENT. Well, I will tell you: as you people know, or some of you know, I have had sort of a sore elbow which has prevented me from getting my exercise to which I am accustomed, which I think I need, and which I love.

Aside from that, if I am not in good condition, the doctors have fooled me badly, because I feel fine. As a matter of fact, I underwent quite a series of tests just before we came back from Denver, and the reports given to me were cheering to a man of my age.

Q. Fletcher Knebel, Cowles Publications: Mr. President, yesterday you saw the Republican candidate from Virginia. Do you feel that that is in any way a departure from your policy of not interfering in local elections?

Administration of Ronald Reagan, 1982 / Apr. 1

Congress enacted the joint resolution of June 4, 1958 (36 U.S.C. 161) as amended, requesting that the President proclaim annually a National Safe Boating Week.

Now, Therefore, I, Ronald Reagan, President of the United States of America, do hereby designate the week beginning June 6, 1982, as National Safe Boating Week.

I invite the Governors of the states, Puerto Rico, the Northern Mariana Islands, the Virgin Islands, Guam, and American Samoa, and the Mayor of the District of

Columbia to provide for the observance of this week.

In Witness Whereof, I have hereunto set my hand this 1st day of April in the year of our Lord nineteen hundred and eighty-two, and of the Independence of the United States of America the two hundredth and sixth.

RONALD REAGAN

[Filed with the Office of the Federal Register, 10:24 a.m., April 2, 1982]

Executive Order 12355—The Task Force on Legal Equity for Women

April 1, 1982

By the authority vested in me as President by the Constitution of the United States of America, and in order to substitute the new Cabinet Council on Legal Policy for the Cabinet Council on Human Resources, the last sentence of Section 2(c) of Executive Order No. 12336 of December 21, 1981, is hereby amended to read as follows:

"The Attorney General or his designee

shall, on a quarterly basis, report his findings to the President through the Cabinet Council on Legal Policy."

RONALD REAGAN

The White House,
April 1, 1982.

[Filed with the Office of the Federal Register, 10:25 a.m., April 2, 1982]

Exchange With Reporters on Returning From Bethesda Naval Medical Center

April 1, 1982

Q. Mr. President, down this way.

Q. Down this way, please.

The President. Trying to get up here. All right.

Q. Mr. President, how do you feel?

Q. Can you tell us how you feel?

The President. I feel great.

Q. Will you tell us about it?

The President. I feel great. And it was, as I think was—before you were forewarned, completely routine, and everything's absolutely fine.

Q. Did it hurt? Was it very painful, sir?

The President. What?

Q. Was it very painful?

The President. No, no. It was just an examination.

Q. Did the doctor say you have to take it easy or—

The President. No, I can ride horses and keep on doing everything. Everything was perfectly normal.

Q. No medication, no—

Q. Can you tell us a little bit, sir—can you—

The President. No medication, no nothing.

Q. You won't have to go back.

The President. No.

Q. Do you have to go back?

The President. No.

Q. Can you tell us a little bit how this ailment struck you initially and the discomfort that you had a few weeks ago?

The President. Oh, well, no. It was just—I recall that back in 1967, at that time he had told me that periodically it might be well to check, and we do have regular physicals, as you know. And so we were—and we'd been intending to move the physicals up, and so with this opportunity and—it was just a slight discomfort, and it followed one of those fly-around-the-country trips that I was doing a few weeks ago. And there were just a few days of discomfort. So, I took advantage of it, had the examination, and everything is just perfectly normal and fine.

Q. You have to be on any medication of any kind at all?

The President. No medication of any kind.

Q. And no problems?

The President. No problems.

Q. Are you happy?

The President. Sure.

Q. Do you feel that there's a special doctor-patient relationship which you might have to set aside when it comes to the physical condition of the President of the United States?

The President. Well, we had our routine physical before with the doctors at Bethesda. This, however, was an opportunity for the doctor who had been on hand in 1967 and who is a good friend who was going to be in the area, and he joined us.

Q. Just happened to be out here.

The President. Yes.

Q. Are you still planning to go on your trip next week?

The President. What?

Q. Are you still planning on your trip next week, your—

The President. Oh, sure. Oh, yeah. Please, I'm not hiding a thing. Everything is great.

Deputy Press Secretary Speakes. Thank you very much.

The President. I've got to get over to the office and go to work now.

Q. I couldn't hear a word.

The President. Helen [Helen Thomas, United Press International] will tell you. [Laughter] You tell him.

Q. I'll give a full medical report.

Q. [Inaudible]—voodoo arms control.

Q. Voodoo arms control.

The President. What?

Q. The Kennedy statement on voodoo arms control—he said that your position is voodoo arms control.

The President. Well, he just lacks the information that I have.

Note: The exchange began at 4:06 p.m. at the South Portico of the White House.

In a statement issued by Deputy Press Secretary Larry M. Speakes earlier the same day, it was announced that the President would visit the medical center for a routine medical examination after he had experienced slight discomfort in the urinary tract several weeks earlier. The President had decided to visit Bethesda when his personal physician, Dr. Burton Smith of Los Angeles, Calif., could be in the Washington area. Dr. Smith, Dr. Daniel Ruge, Physician to the President, and medical center physicians conducted the examination.

Following the President's return, Mr. Speakes announced that the results of the 90-minute examination were normal and that no further treatment was required.

Remarks on Signing the Older Americans Month Proclamation

April 2, 1982

The President. Good afternoon, and welcome to the White House. We're here today to proclaim May as Older Americans Month. The proclamation concerning Older

Americans Month has been issued every year since 1963, and each time it becomes more meaningful, because the number of older Americans is increasing every year.

NOTE: In his letter of February 1, 1955, the President returned without approval Civil Aeronautics Board orders affecting several airlines in the Trans-Pacific Renewal Case. The Board issued revised orders renewing the temporary certificate of Northwest Airlines to fly the shorter, Great Circle route, but deferring its decision as to a similar application by Pan American World Airways. The President's letter and a statement as to the revised orders were released by the Board on February 2, 1955.

15 ¶ Telegram to the Deputy Secretary of State of New Hampshire, Concerning Appearance on the Primary Ballot. *January 19, 1956*

*The Honorable Harry E. Jackson
Deputy Secretary of State
State House
Concord, New Hampshire*

I have your courteous telegram of January fourteenth, advising me that petitions have been filed at your office which qualify my name for inclusion on the Presidential preference primary ballot of the Republican Party in the State of New Hampshire.

Naturally, I am deeply gratified that the petitioners have expressed this kind of personal confidence in me. I do not feel that I should interpose any objection to such entry.

However, because I must make clear to all that lack of objection cannot be construed as any final decision on my part relative to a candidacy for a second term in the office I now hold, I hope that all who vote in the Republican primaries in 1956 will carefully weigh all the possibilities and personalities that may be involved.

Freedom to select, nominate and elect a candidate to public office is basic to our American political system. Because I deeply believe that every citizen should have the widest possible choice in expressing his own preference in such matters, I would hope

that the accident of my illness and the necessary period for determining the degree of my recovery would not have the effect of interfering with the privilege of every member of our Party to express his preference for the Presidential candidate of his choice.

It would be idle to pretend that my health can be wholly restored to the excellent state in which the doctors believed it to be in mid-September. At the same time, my doctors report to me that the progress I am making toward a reasonable level of strength is normal and satisfactory. My future life must be carefully regulated to avoid excessive fatigue. My reasons for obedience to the medical authorities are not solely personal; I must obey them out of respect for the responsibilities I carry.

The personal decision to which I refer will be rendered as soon as it is firmly fixed in my own mind. I shall strive to see that it is based as to my best judgment on the good of our country.

Sincerely,

DWIGHT D. EISENHOWER

NOTE: The President read this tele- ference on January 19, 1956 (see gram at the opening of his news con- Item 16).

16 ¶ The President's News Conference of *January 19, 1956*

THE PRESIDENT. Please be seated.

Well, it's good to see so many faces here again after such a long absence from you.

Since I have last seen you, as you can imagine, I have been presented with a number of personal political questions. One of them arises in connection with the notice I have from the State of New Hampshire that my name has been qualified for the inclusion on the list of candidates in their preferential primary.

So, I have written an answer, an answer that, in the present

THE PRESIDENT. Well, as quickly, I think, as legislation could be drawn up that would convince us all that it did clarify and would satisfy the conflicting ideas on the thing, I would be for it right away, just as soon as possible. It has nothing to do, though, with me, and I assure you of this: my answer would not be affirmative unless I thought I could last out the 5 years.

Merriman Smith, United Press: Thank you, Mr. President.

NOTE: President Eisenhower's eighth news conference was held in the Executive Office Building from 10:31 to 10:52 o'clock on Wednesday morning, February 29, 1956. In attendance: 311.

48 ¶ Radio and Television Address to the American People Following Decision on a Second Term. *February 29, 1956*

[Delivered from the President's Office at 10:00 p. m.]

My Fellow Citizens:

I wanted to come into your homes this evening, because I feel the need of talking with you directly about a decision I made today, after weeks of the most careful and devoutly prayerful consideration. I made that decision public shortly after ten-thirty this morning. Immediately I returned to this office. Upon reaching here I sat down and began to put down on paper thoughts that occurred to me which I felt might be of some interest to you in connection with that decision. This is what I wrote. I have decided that if the Republican Party chooses to renominate me, I shall accept that nomination. Thereafter, if the people of this country should elect me, I shall continue to serve them in the office I now hold. I have concluded that I should permit the American people to have the opportunity to register their decision in this matter.

In reaching this conclusion I have, first of all, been guided by the favorable reports of the doctors. As many of you may know,

their reports are that my heart has not enlarged, that my pulse and blood pressure are normal, that my blood analysis is excellent, my weight satisfactory, and I have shown no signs of undue fatigue after periods of normal mental and physical activity.

In addition, I have consulted literally with multitudes of friends and associates, either personally or through correspondence. With their advice—once I had been assured of a favorable medical opinion—I have sought the path of personal responsibility, and of duty to the immense body of citizens who have supported me and this administration in what we have been jointly trying to do. In the last analysis, however, this decision was my own. Even the closest members of my family have declined to urge me to any specific course, merely saying that they would cheerfully abide by whatever I decided was best to do.

From the moment that any man is first elected President of the United States, there is continuous public interest in the question as to whether or not he will seek re-election. In most instances, Presidents in good health have sought, or at least have made themselves available for, a second term.

In my own case this question, which was undecided before my recent illness, has been complicated by the heart attack I suffered on September twenty-fourth last year. Aside from all other considerations, I have been faced with the fact that I am classed as a recovered heart patient. This means that to some undetermined extent, I may possibly be a greater risk than is the normal person of my age. My doctors assure me that this increased percentage of risk is not great.

So far as my own personal sense of well-being is concerned, I am as well as before the attack occurred. It is, however, true that the opinions and conclusions of the doctors that I can continue to carry the burdens of the Presidency, contemplate for me a regime of ordered work activity, interspersed with regular amounts of exercise, recreation and rest. A further word about this prescribed regime. I must keep my weight at a proper level. I must take a short mid-day breather. I must normally retire at

a reasonable hour, and I must eliminate many of the less important social and ceremonial activities.

But let me make one thing clear. As of this moment, there is not the slightest doubt that I can perform as well as I ever have, all of the important duties of the Presidency. This I say because I am actually doing so and have been doing so for many weeks.

Of course, the duties of the President are essentially endless. No daily schedule of appointments can give a full timetable—or even a faint indication—of the President's responsibilities. Entirely aside from the making of important decisions, the formulation of policy through the National Security Council, and the Cabinet, cooperation with the Congress and with the States, there is for the President a continuous burden of study, contemplation and reflection.

Of the subjects demanding this endless study, some deal with foreign affairs, with the position of the United States in the international world, her strength, her aspirations, and the methods by which she may exert her influence in the solution of world problems and in the direction of a just and enduring peace. These—all of them—are a particular Constitutional responsibility of the President.

These subjects that require this study and contemplation include, also, major questions affecting our economy, the relationships of our government to our people, the Federal government's proper role in assuring our citizens access to medical and educational facilities, and important economic and social policies in a variety of fields.

The President is the Constitutional Commander in Chief of our Armed Forces and is constantly confronted with major questions as to their efficiency, organization, operations and adequacy.

All these matters, among others, are with a President always; in Washington, in a summer White House, on a weekend absence, indeed, even at a ceremonial dinner and in every hour of leisure. The old saying is true, "A President never escapes from his office."

These are the things to which I refer when I say I am now carrying the duties of the President. So far as I am concerned, I am confident that I can continue to carry them indefinitely.

Otherwise, I would never have made the decision I announced today.

The doctors insist that hard work of the kind I have described does not injure any recovered coronary case, if such a recovered patient will follow the regime they lay down. Certainly, to this moment, the work has not hurt me.

Readiness to obey the doctors, out of respect for my present duties and responsibilities, is mandatory in my case. I am now doing so, and I intend to continue doing so for the remainder of my life, no matter in what capacity I may be living or may be serving.

Incidentally, some of my medical advisers believe that adverse effects on my health will be less in the Presidency than in any other position I might hold. They believe that because of the watchful care that doctors can and do exercise over a President, he normally runs less risk of physical difficulty than do other citizens. This fact is probably of more importance to my family than to the nation at large, but believing you may have some interest in the point, I wanted to inform you.

Now, with this background of fact, and medical opinion and belief, what do these circumstances imply in terms of restrictions upon the activities in which I have been accustomed to participate in the past?

During the first two and a half years of my incumbency, I felt that a great effort was needed in America to clarify our own thinking with respect to problems of international peace and our nation's security; the proper relationships of the Federal government with the States; the relationship of the Federal government to our economy and to individual citizens; increased cooperation of the Executive Branch with the Congress; problems of the nation's farmers; the need for highways; the building of schools; the extension of social welfare; and a myriad of other items of

similar importance. To this public clarification of issues I devoted much time and effort. In many cases these things can now be done equally well by my close associates, but in others I shall continue to perform these important tasks.

Some of the things in which I can properly have a reduced schedule include public speeches, office appointments with individuals and with groups, ceremonial dinners, receptions, and portions of a very heavy correspondence.

Likewise I have done a great deal of travelling, much of which was undertaken in the effort to keep in personal touch with the thinking of you, the people of America. Both in war and in peace, it has been my conviction that no man can isolate himself from the men and women he is attempting to serve, and really sense what is in their hearts and minds. This kind of activity I shall continue, but not on such an intensive basis that I must violate the restrictions within which I must work.

All of this means, also, that neither for renomination nor re-election would I engage in extensive travelling and in whistle-stop speaking—normally referred to as “barn-storming.” I had long ago made up my mind, before I ever dreamed of a personal heart attack, that I could never, as President of all the people, conduct the kind of political campaign where I was personally a candidate. The first duty of a President is to discharge to the limit of his ability, the responsibilities of his office.

On the record are the aims, the efforts, the accomplishments and the plans for the future of this Administration. Those facts constitute my personal platform.

I put all these things clearly before you for two reasons.

The first is that every delegate attending the Republican convention next August is entitled to know now that, for all the reasons I have given, I shall, in general, wage no political campaign in the customary pattern. Instead, my principle purpose, if renominated, will be to inform the American people accurately, through means of mass communication, of the foreign and domestic program this Administration has designed and has

pressed for the benefit of all our people; to show them how much of that program has been accomplished or enacted into law; to point out what remains to be done, and to show how we intend to do it.

If the Republican delegates come to believe that they should have as their Presidential nominee one who would campaign more actively, they would have the perfect right—indeed the duty—to name such a nominee. I, for one, would accept their decision cheerfully and I would continue by all means within my power to help advance the interests of the American people through the kind of program that this Administration has persistently supported.

The second reason for placing these things before you is because I am determined that every American shall have all available facts concerning my personal condition and the way I am now conducting the affairs of this office. Thus, when they go to the polls next November to elect a President of the United States, they can, should I again be one of the nominees, do so with a full understanding of both the record of this Administration and of how I propose to conduct myself now and in the future.

I know of little that I can add to this statement. As I hope all of you know, I am dedicated to a program that rigidly respects the concepts of political and economic freedom on which this nation was founded, that holds that there must be equal justice and equality of opportunity for individuals, that adapts governmental methods to changing industrial, economic and social conditions, and that has, as its never changing purpose, the welfare, prosperity, and above all, the security of 166 million Americans.

The work that I set out four years ago to do has not yet reached the state of development and fruition that I then hoped could be accomplished within the period of a single term in this office. So if the American people choose, under the circumstances I have described, to place this duty upon me, I shall persist in the way that has been charted by my associates and myself.

I shall continue, with earnestness, sincerity and enthusiasm, to discharge the duties of this office.

Now my friends, I have earnestly attempted to give you the most important facts and considerations which I took into account in reaching the decision I announced today. If I have omitted anything significant, it is something I shall strive to correct in the weeks ahead.

Thank you very much for permitting me to visit with you this evening on this very important matter. Good night to all of you.

49 ¶ Joint Statement Following Second Meeting With President Gronchi of Italy. *March 1, 1956*

THE PRESIDENT of the United States and the President of the Italian Republic met again today to complete their discussion of problems of mutual interest. They reaffirmed their intention to direct their action toward the preservation of peace, freedom and democracy. They reaffirmed that, while all possible efforts will continue to be made to achieve a reduction of armaments, the present situation does not allow any relaxation of the Western defense efforts. Concurrently, the President of the United States and the President of the Italian Republic agreed on the necessity of further deepening and extending the solidarity among the members of the North Atlantic Community through increased cooperation among them in all fields.

The two recognized that to the extent that it is possible to improve the Western world economy and to facilitate the development of the less advanced economies within it, the Atlantic Community and indeed the entire free world will benefit. In particular, as far as Italy is concerned, they agreed that Italy no longer needs grant economic aid. The area that President Eisenhower and President Gronchi agreed should be increasingly explored within the framework of established Western economic

cerned with the status and the frame of mind of the people. They have only recently given, for the first time, the permission to the laborer to quit one job and go to another, under many restrictions, but nevertheless it is an advance. That is the kind of thing that is going on in the world. Every bit of it means progress. It must continue. The progress must continue at home.

For myself, as you know, I was ill last fall. I can only say this: now the only way I know it is because the doctors keep reminding me of it. I am perfectly ready to go forward at the behest of such groups as this—and do the very best I can in attaining the objectives that I know within me you want.

That is the only reason for doing so, but with that reason I will do it as cheerfully, as energetically, as enthusiastically, as it is possible for me to do.

To see you here today will send me back feeling a lot better. I wish I could sit here and participate in all your deliberations, but I know without being here that you are simply going to stick to the things we always did: clean government, good government, progressive government, a government that knows its place and doesn't interfere too much with me as I go about my daily business.

I assure you that when I say "me," I think I am speaking for each of you.

Thank you very much for inviting me over. It has been a very enjoyable occasion for me.

Thank you very much.

NOTE: The President spoke at the the Statler Hotel, Washington, D. C.,
opening session of the conference at at 9:00 a. m.