

A decorative laurel wreath border encircles the central text. At the top, a small crest features a downward-pointing arrow above a floral motif. At the bottom, a ribbon is tied in a bow.

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FDR, DR. BRUENN, ETC.

by

SHERWYN E. WARREN

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"I hope you will pardon me for the unusual posture of sitting down during the presentation of what I wish to say, but I know you realize it makes it a lot easier for me."¹ President Franklin Delano Roosevelt said this on March 1, 1945, when addressing the American people and Congress from the well of the House of Representatives, reporting on the Yalta Conference. He added, "I have just completed a fourteen-thousand-mile trip."²

So, tonight, addressing the Chicago Literary Club, I hope you will pardon me for the unusual posture of sitting down during the presentation of what I have to say.

As Allied victory seemed assured in World War II, Roosevelt, Winston Churchill, and Joseph Stalin agreed on the need for face-to-face summit meetings to set long-term strategy. Because Stalin refused to travel outside the Soviet orbit, the first conference was held in late November 1943, in the northern Iranian city of Tehran. The second, in February 1945, was in the Crimean Black Sea resort city of Yalta. For FDR both trips involved long sea journeys by U.S. naval cruisers and flights in unpressurized, C-54 propeller

aircraft, some of which were over high mountains. From my experience as an Air Force flight surgeon, I realize such flights are uncomfortable, tedious and stressful.

In February 1944, after the president returned from Iran, his daughter, Anna Roosevelt Boettiger, moved into the White House. She acted as the president's unofficial social secretary and substitute hostess for her mother, who was frequently away. She observed FDR's persistent cough and his failing strength. By the middle of March, she was alarmed and discussed the situation with Eleanor, who either did not notice the symptoms (Anna said, "She simply was not interested in physiology"³) or did not consider them significant.

Anna saw how her father dealt with the challenges from his polio. White House and Secret Service personnel were always available with a wheelchair or whatever physical assistance he needed. George A. Fox, a navy physical therapist, was assigned to him full time. He used the fifty-foot swimming pool in the basement many afternoons. Post-polio syndrome had not yet been defined. She felt these symptoms were different from previous ones and confronted White House physician Dr. Ross T. McIntire for an explanation. For his entire presidency, Ross McIntire had been Roosevelt's personal doctor. Born in 1889, in Salem, Oregon, McIntire went to Willamette University as well as the university's medical school, graduating in 1912. He began private practice in his home town of Salem, but in 1917 joined the Naval Medical Corps and eventually rose to the rank of rear-admiral.

McIntire told Anna that her father's condition was the residual effect of the flu and bronchitis. Knowing that McIntire was an eye, ear, nose and throat specialist, not a generalist, Anna persisted quite strenuously. She cajoled him into arranging a general physical examination. This was conducted at Bethesda Naval Hospital

on March 28, 1944.

Assigned to examine the president was the thirty-nine-year-old head of cardiology at Bethesda, Lieutenant-Commander Howard G. Bruenn. Born in Youngstown, Ohio, a graduate of Columbia University and the Johns Hopkins School of Medicine, he served his medical residency at New York's Columbia-Presbyterian Medical Center. Shortly after the attack on Pearl Harbor, he enlisted in the Naval Medical Corps. I came across the report of Dr. Bruenn's evaluation and subsequent care of FDR in a 1970 article in the *Annals of Internal Medicine* with the unusual title "Clinical Notes on the Illness and Death of President Franklin D. Roosevelt."⁴ Why the modifier "Clinical Notes"? That will become clear shortly.

After his examination, Dr. Bruenn's diagnosis was "hypertension, hypertensive heart disease, cardiac failure (left ventricular) and acute bronchitis." These findings and their interpretation were conveyed to Admiral McIntire, to whom they had been completely unsuspected. A memorandum of recommendations was requested. Bruenn recommended bed rest for one to two weeks, digitalis, a light diet low in salt, codeine for cough, sedation for sleep, and weight reduction. These recommendations were mostly rejected by McIntire because of the "exigencies and demands on the President," and Roosevelt was placed on modified bed rest and given a cough syrup.

A day after the examination, McIntire convened a meeting with Dr. Bruenn; Capt. John Harper, commander of the Bethesda Naval Hospital; Capt. Robert Duncan, executive officer of the Naval Hospital; Capt. Charles Behrens, head of radiology at Bethesda; and an internist, Dr. Paul Dickens. At this meeting, it was suggested to limit the president's activity, cigarettes, caloric intake, and "irritations and tensions of office." The next day,

McIntire called a meeting with Harper, Behrens, Duncan, and Bruenn; two Navy medical consultants who had examined the president; Dr. Frank Lahey, an abdominal surgeon and head of the Lahey Clinic in Boston; and Dr. James Paullin of Atlanta, an internist and president of the American Medical Association. The meeting was long and contentious. Dr. Paullin agreed with the findings, and Bruenn was assigned to duty as the president's personal physician. McIntire ordered Bruenn not to discuss the president's medical situation with anyone except himself and other involved physicians, citing the Hippocratic Oath, his rank as admiral, and his authority as commanding officer and surgeon general of the Navy. McIntire was also to be the sole conduit of all medical information for the family. In subsequent interviews, Bruenn said that FDR never inquired about his physical condition or medications and was a compliant patient.

Bruenn waited twenty-five years to publish his article, as he felt that was sufficient time to make it of objective historical interest. The scrupulous doctor obtained permission—in fact, encouragement—from the president's daughter. He had examined FDR almost daily, recording blood pressure readings in the range of 220/110. His final sentence states, "As a result of this unforgettable experience and as a practicing physician, I have often wondered what turn the subsequent course of history might have taken if the modern methods for the control of hypertension had been available."⁵

An editorial in the *New England Journal of Medicine* twenty-five years after the publication of Bruenn's article stated, "Today, 50 years later, a powerful therapeutic arsenal to treat all forms of hypertension is at the physician's disposal. As a result, malignant hypertension, as observed in FDR, has become rare."⁶

These reports struck a personal chord. I had acute polio as a

young adult. My own blood pressure was elevated, and I ignored my physician's directions to accept treatment because of the medication's annoying side effects. I had graduated from medical school in 1956. What was the treatment of hypertension in 1944? I located a copy of *A Textbook of Medicine by American Authors*, published in 1943 and then in its 6th edition, edited by R. L. Cecil. I perused the chapters on diseases of the cardiovascular system and hypertension. Hypertension was defined as blood pressure consistently over 160/90. Unless an underlying cause was found, it was considered essential hypertension. Roosevelt's condition certainly fulfilled these criteria.

Regarding treatment, the textbook stated that "Drugs which are prescribed specifically for blood pressure reduction are of little value."⁷ Weight control, reduction of nervous tension, adequate rest and relaxation, and possibly sedatives such as phenobarbital were recommended. When heart failure intervenes, physical and mental rest must be imposed, usually requiring a period of bed rest. The diet should be simple and low salt. Sedatives or hypnotics are of help, especially for cough or respiratory problems. Digitalis should be used. There are no contraindications to its use. Finally, diuretics may be used.

However, FDR had blood pressure readings which were higher than 200/120. This put him, even by the criteria of 1944, into the category of malignant essential hypertension, where "the clinical course is telescoped into a period of months or a year or two." Parenthetically, when I first encountered this information in my research for this paper, my own blood pressure was threatening to reach such levels.

I believe Dr. Bruenn conscientiously prescribed the treatment then available and recommended. He tried to fulfill the admonition of the text's summary that "it requires the meticulous guidance of

all the patient's activities, including both physical and mental activity, diet, fluid and salt restriction, rest and sleep. Digitalization should be continued and diuretics used as required. Treatment will usually do much to enhance the patient's comfort and prolong his life, but one should always remember that it is the patient who is being treated—not the disease."⁸ Under his care, Roosevelt was able to campaign successfully for his fourth presidential term and attend the Yalta Conference.

FDR's daughter Anna was not the only woman close to the president who tried to improve his health. Margaret Suckley was Franklin's sixth cousin, Hyde Park neighbor, and ten years younger. In spring 1922, after having been stricken with paralytic polio the previous summer, he went to Springwood, his mother's New York estate, to recuperate and rehabilitate. Sara, watching her son's lonely struggle to regain his strength, invited this pleasant, retiring, intelligent young woman to keep him company. In 1933 Roosevelt invited her to his inauguration as president. As the years went by, their friendship evolved.

Franklin's relationship with Eleanor changed precipitously in 1918 after she discovered his affair with her social secretary, Lucy Mercer. Sara Roosevelt insisted they not divorce, since that might damage her son's political career. Eleanor agreed to continue the marriage but refused to share bedrooms; she told their daughter sex was "an ordeal to be borne."⁹ He found warm, intelligent, feminine companionship with Margaret (Missy) Le Hand, whom he hired as his secretary while governor of New York and took to the White House. In June 1941, Missy suffered an incapacitating stroke. Her successor, Grace Tully, did not completely fill her role, and Franklin reestablished a closer relationship with his cousin Margaret Suckley, known as Daisy, and his flamboyant, glamorous, old-maid fifth cousin, Laura Delano, known as Polly. He also

established a close friendship with the charming and beautiful Crown Princess Martha of Norway, who was living with her children in the United States during the Nazi occupation of her country.

Daisy was hired as librarian at the Roosevelt Library in Hyde Park and began spending increasing time, some perhaps quite intimately—you may have seen the movie “White House on the Hudson”—with Franklin in the White House, on his travels, and in New York. Her diaries and letters, discovered in 1991, after her death at age one hundred, provide a fly-on-the-wall description of Roosevelt’s world and her role in it. They were edited by historian Geoffrey Ward (who also co-wrote the PBS documentary “The Roosevelts”) and published in 1995.

Daisy, ever sensitive, also noticed Roosevelt’s physical decline after Tehran. Her approach was to convince the president in the spring of 1944 to take curative salts from a French “healer,” Mlle Grace Gassette. Analyzed by chemists at Bethesda Naval Hospital, they were proclaimed harmless and useless. In the fall of that year, she also convinced him to be treated by “Healer Lenny,” Harry Setato, a former professional boxer and trainer from Philadelphia. On December 27, Lenny gave his first massage treatment to FDR. Daisy describes their relationship as follows: “Lenny sat at the end of the sofa, working on the Pres’ feet, carrying on an easy conversation, the Pres relaxed. Two complete contrasts: Lenny, simple, childlike, uneducated, the Pres, product of the best education, man of the world. These two could talk together, understand each other.”¹⁰

Before FDR left for Yalta on January 23, 1945, Lenny gave him five more treatments. This caused hostility towards Daisy among the president’s staff. His secretary, Dorothy Brady, recalled, “We all turned against her when she got that strange fellow into

the scene. We were scared of him, messing with the President's treatment like that."¹¹

When Roosevelt was elected president in 1932, he asked Cary T. Grayson, personal physician to Woodrow Wilson, the most recent Democratic president, to recommend a personal physician. Incidentally, Wilson suffered a series of strokes nineteen months before the end of his term, leaving him severely incapacitated, paralyzed on the left side of his body, and unable to speak coherently. His wife, Edith, and Grayson hid the seriousness of his condition, limited access of others to him, helped decide on the information he received, and assumed the role of his spokespersons. Until the adoption of the Twenty-fifth Amendment to the United States Constitution in 1967, there was no mechanism for removal of an incapacitated president.

Grayson recommended Dr. McIntire to Roosevelt. When informed of the recommendation, McIntire asked, "What could an eye, ear, nose and throat man offer a victim of infantile paralysis?"¹² Grayson told him to quit worrying. "The President is as strong as a horse with the exception of a chronic sinus condition. That's where you come in."¹³

McIntire wrote, "It is the habit of presidents to select either an Army or Navy doctor when the time comes to choose the medico who will look after their well being. These men are officers as well as physicians and being subject to the iron discipline of the armed services, they can be counted on to keep a close [*sic*] mouth about what they see and hear."¹⁴ Regarding his examinations, he came to the White House every morning at 8:30 "and went to the President's bedroom for a look-see. Neither the thermometer nor stethoscope was produced, there was no request for a look at the tongue or a feel of the pulse. A close but casual watch told all I wanted to know."¹⁵

These frequent and congenial interactions resulted in a close personal as well as doctor-patient relationship. McIntire was Roosevelt's frequent fishing and travel companion. He also showed administrative ability, and FDR appointed him surgeon general of the Navy. In 1947 President Truman appointed him chairman of the President's Committee for the Employment of the Handicapped. He subsequently established the American Red Cross blood program. His final position was in Chicago, in 1955, as executive director of the International College of Surgeons. When he died on December 8, 1959, Eleanor Roosevelt wrote the college, "I am saddened by the death of Dr. Ross T. McIntire. He was a devoted friend and a kind doctor to my husband and he commanded the respect and admiration of all of us."¹⁶

Dr. McIntire was admired for his eagerness and energy, but not for his candor or clinical judgment. He is frequently recorded as giving FDR treatments for his sinuses. Although their specifics are uncertain, the usual treatments at the time were solutions of epinephrine or cocaine, both of which significantly raise blood pressure. When Anna asked him accusingly if he ever took her father's blood pressure, he answered stiffly that he did so only when it was indicated.

By June 1944, three months after Dr. Bruenn first saw Roosevelt, FDR's health became a frequent topic of speculation in the press. Some newspapers predicted that Roosevelt would complete his term in office as Woodrow Wilson did, an enfeebled mind in a useless body. *Life* magazine, attempting to find out as much as was known, assigned Jeanne Perkins to write an article about McIntire. *Life* and Miss Perkins knew that no one could write competently about him without inquiring into his relationship as the president's doctor.

McIntire reluctantly agreed, and Miss Perkins amassed

considerable material. On June 6, however, D-Day arrived, and the editors of *Life* advised Perkins to drop this article to help with the bigger story. She then wrote to McIntire expressing regrets and the same day wrote to his secretary asking for responses to "the three or four questions you were going to put before the admiral."¹⁷ The secretary responded in part as follows:

The sick days during the past twelve (12) years have been very few in number.

The annual physical examination for the senior naval officers takes from two to four hours. The President's annual physical examination is the same as that of the senior officers. The final checkup on his last physical examination is extremely satisfactory. Specific figures in regard to blood pressure, eyes, ears, etc. are never given. Such matters are considered a patient's personal affair.¹⁸

Concern for patients' privacy might explain or justify Dr. McIntire's vague pronouncements about the president's health, but, as I will describe later, cannot explain or justify the fate of Roosevelt's official hospital records.

In his memoir, McIntire stated that Roosevelt was considered to be in good health and likely to survive a fourth term as president by all the doctors and consultants who had seen him. Consultant Dr. Frank Lahey of Boston, however, wrote that he had "informed Admiral McIntire July 8, 1944 that I did not believe, if Mr. Roosevelt were elected President again, he had the physical capacity to complete a term."¹⁹ Dr. Bruenn, in later interviews, was asked whether he had considered it likely that Roosevelt would finish a fourth term. He answered that he did not think so, but that no one had asked him at the time. He did believe that the president was always mentally competent and had never suffered small strokes, as had been rumored.

In any event, Roosevelt's medical records were not available for review. They were kept in the commanding officer's safe at Bethesda Naval Hospital. Only three people had access, one of whom was McIntire. It is generally agreed that McIntire removed and destroyed all of Roosevelt's medical records after his death. This explains the unusual title addition of "Clinical Notes" on Dr. Bruenn's paper twenty-five years later. I find it difficult to characterize and understand McIntire's personality, motivations, and values.

A month after FDR's Yalta speech on March 1, 1945, he apparently was in and out of congestive heart failure. He spent a long weekend at Hyde Park without improvement, and plans were made for a two-week rest in the more salubrious climate of the Little White House in Warm Springs, Georgia. His daughter Anna planned to go, but changed her plans when her son was hospitalized at Walter Reed Army Hospital. She did, however, arrange for her father's old love, Lucy Mercer Rutherfurd, to be a guest at the compound's gate house during the second week.

In 1920, Lucy Mercer, having left FDR to avoid a public scandal, married an older widower, Winthrop Rutherfurd. After more than two decades of marriage, Winthrop died, leaving Lucy a wealthy widow with an estate in Aiken, South Carolina. Starting in 1943, Lucy visited FDR at the White House, and the two went for drives together when Eleanor was away. Anna sometimes joined her father and saw how much he enjoyed these visits and how relaxed he became in Lucy's presence.

The president left Washington by train on March 29, 1945. Eleanor did not enjoy Warm Springs and stayed behind. With FDR were Dr. Bruenn; secretaries William Hassett, Grace Tully, and Dorothy Brady; the feminine companionship of cousins; glamorous, garrulous, gossipy Polly (Laura Delano); and quiet, sensitive, comforting Daisy (Margaret

Suckley). The first week was relaxed and low key. Bruenn enforced an early bedtime and adequate rest. He noted that Roosevelt's strength, color, and stamina improved and that FDR became more engaged and animated.

On Monday, April 9, Lucy was scheduled to drive down from Aiken. She was accompanied by a friend, Elizabeth Shoumatoff, a Russian artist who was to paint a portrait of the president as a graduation present for her daughter, Barbara Rutherford. FDR phoned Lucy and arranged to meet her car in Macon, Georgia, at 4:00 p.m. He set out in early afternoon in an open car with Daisy and his dog Fala. The meeting was delayed, the evening became cold, and Daisy noted they were all chilled by the time they returned to The Little White House in the open car. The following two days were relaxing, and FDR reveled in the company of four admiring women, while keeping to a modest schedule of official duties. He was soon in excellent spirits and began to plan a weekend involving a barbecue and a minstrel show.

On Thursday, April 12, Dr. Bruenn saw him at 9:20 a.m., shortly after he awakened. His guests commented on how well he looked. Shortly after 1:00 p.m., he was sitting in the parlor, posing for the portrait by Mme Shoumatoff and signing official papers when he leaned forward, put his left hand to the back of his head, and said, "I have a terrific pain in the back of my head."²⁰ He slumped forward and was carried to his bed by his valet and butler. Daisy immediately phoned for Dr. Bruenn, who arrived within fifteen minutes and found the president in bed, unconscious, with a dilated right pupil, blood pressure of 300+/190, and having mild, convulsive movements. He diagnosed a massive cerebral hemorrhage and immediately phoned Dr. McIntire in Washington.

McIntire put in an emergency call to Dr. James Paullin in Atlanta to rush to Warm Springs. He contacted Eleanor and told her that

the president had fainted. She asked if she should cancel her four o'clock speaking engagement that afternoon. No, McIntire replied, it would cause great commotion, but she should prepare to go to Warm Springs that night. At 4:00 p.m., she gave a short talk at the Sulgrave Club and then sat at the head table to listen to a piano recital. In the middle of the piece, she was told she had an urgent phone call. Excusing herself quietly, she took the call from Press Secretary Steve Early, who told her to come home at once. Although she sensed something terrible had happened, she felt amenities had to be observed, went back to the party, joined the applause after the piece had been completed, and then excused herself, receiving a standing ovation.

In Warm Springs, Dr. Bruenn stayed with the president, kept him warm, and gave him papavarine and amylnitrite to relieve vasospasm. Roosevelt's blood pressure came down. He was breathing spontaneously, but remained profoundly unconscious. Just after 3:30 p.m., his breathing stopped. Dr. Paullin arrived from Atlanta and injected adrenalin into the heart, but the president was pronounced dead at 3:35 p.m. While all this was happening, Lucy and Mme Shoumatoff rushed to their rooms, packed, got their car and immediately drove off.

Eleanor and McIntire flew down and arrived shortly after 11:00 p.m. Eleanor sat down with Grace Tully, Daisy, and Polly and asked them to describe what had happened. Grace and Daisy gave quiet descriptions of their experiences. Polly volunteered that Lucy Mercer Rutherford was also present. Eleanor seemed devastated by this information, but Polly justified herself by saying that she would have found out anyway. Despite an official request by Joseph Stalin that an autopsy be conducted to rule out poisoning, Eleanor, with McIntire's support, refused to permit a post-mortem examination.

The next morning, at the little Warm Springs railroad station, the bronze coffin was lifted into the rear car of the president's train and placed upon a special cradle, raised so it could be seen through the car windows. Eleanor and the contingent that had made the journey to Warm Springs occupied the rest of the train on a slow, day-and-night journey, past grieving throngs lining the right of way, back to Washington. The funeral service was held in the East Room of the White House. In accordance with FDR's request, burial was in the green-hedged rose garden of his Hyde Park home. He had expressed the hope that, "My dear wife will on her death be buried there also."²¹ When Eleanor died seventeen years later, on November 7, 1962, she was laid to rest at his side, under a common marble headstone. An autopsy was performed on her.

Perhaps this story, with its historical and medical aspects and its gossip, intrigues me because of the parallels in the life of Franklin Roosevelt and my own: adult-onset polio, hypertension, and post-polio syndrome. I am the beneficiary of medical progress over the past sixty-eight years. He died as a result of hypertension at age sixty-three. I'm still around at eighty-three. I have had a much more mundane life. And I haven't had such interesting gossip associated with me. Nevertheless, I hope this meld of medicine, world history, and gossip might be interesting enough for me to have sat down and related it to you.

Notes

1. Bishop, *FDR's Last Year*, 473.
2. Ibid.
3. Ward, *Closest Companion*, 285.
4. Bruenn, "Clinical Notes."
5. Ibid., 591.
6. Messerli, "This Day 50 Years Ago," 1038.
7. *A Textbook of Medicine by American Authors*, 1036.
8. Ibid., 1040.
9. Bishop, *FDR's Last Year*, 557.
10. Ward, *Closest Companion*, 370.
11. Ibid., 378.
12. McIntire, *White House Physician*, 56.
13. Ibid.
14. Ibid., 58.
15. Ibid., 63.
16. "Obituary of Dr. Ross McIntire," 6.
17. Bishop, *FDR's Last Year*, 73.
18. Ibid., 73-74.
19. Meacham, "A Roosevelt Mystery," 8.
20. Ward, *Closest Companion*, 418.
21. Bishop, *FDR's Last Year*, 654.

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