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A MYSTERIOUS CASE OF DENISTRY

The American presidency is the most powerful office in the world. In a perfect world, we'd like our Commander-in-Chief to be impervious to illness. Yet, like all of us, our presidents are mortal, and history has proven that most of them have suffered from serious health issues. Furthermore, we expect the President to be physically, emotionally and cognitively alert twenty-four hours a day---an expectation that couldn't be further from the truth. Everyone gets sick and everyone dies. Most importantly, the limitations imposed by physical and mental afflictions can compromise the health and welfare of the president's constitution. Presidential illness can be a set-up for errors, blunders, or inaction all of which can have cataclysmic consequences for our country and its citizens.

Illness can take on many forms; ranging from the psychiatric and emotional to the organic. In researching for this paper, I learned that nearly all of our presidents have been afflicted by one or multiple illnesses. This should come as no surprise as the average age at the time of inauguration is 55 years.

Of the 44 presidents, there have been four assassinations and four have died of natural causes. Illnesses have included cardiovascular disease, hypertension, cerebral vascular disease, depression, organic brain syndrome, cancer, renal failure, and a host of G.I. maladies. Major surgeries include the colon, prostate, spine, thyroid and gunshot wounds. Until recently, presidential health was withheld from the public, Congress, and on some occasions, the President's inner circle.

A glaring example is Woodrow Wilson, president from 1913 until 1921. Two years after assuming the presidency, he developed progressive kidney failure, multiple episodes of cerebral ischemia, and depression. In 1919 he suffered a severe stroke leaving him partially paralyzed and with partial loss of vision. This initiated the most illustrious cover-up of presidential disability. In the ensuing months, Wilson lay in bed on the second floor of the White House and was insulated from the outside world by his physician Dr. Cary Grayson and his wife Edith who selected matters for his attention and delegated others to the

Cabinet. Some historians cynically considered Edith the first female president of the United States. It took four months before his condition became public knowledge. As a result, the country was left with an incapacitated leader at a time when the United States was consumed with inflation, unemployment, strikes, and threats of Communism. No one close to Wilson, including Edith and Dr. Cary were willing to certify, as required by the constitution of his “inability to discharge the powers and duties of said office.”

Fast forward to FDR. In his waning years, the American public was clueless as how sick their president was. In addition to polio, which physically sapped his energy, he was a chain smoker and had severe hypertension. In the spring of 1944, he underwent a physical examination at the Bethesda Naval Hospital, which revealed hypertension, hardening of the arteries, coronary artery disease causing angina, and congestive heart failure. His records were kept in a safe at the hospital and were never found following his death. His personal physician, Admiral Ross McIntire subsequently denied on several occasions that the president was in poor health. On October 12th, 1944, just prior to winning his fourth term, McIntire announced: QUOTE “The President’s health is perfectly OK. There are absolutely no organic difficulties at all”. In the famous photograph of Churchill, FDR, and Stalin taken at the Yalta Conference in February of 1945, the President looks like death warmed over; slumped forward holding a cigarette between his left index and middle fingers. Ten months later, he died of a cerebral hemorrhage; no one knew how sick he was, including his doctor.

Both Wilson’s and Roosevelt’s ailments clearly illustrate the need for public disclosure of the state of the President’s health; careful selection of a White House Physician and a workable method for removing a disabled president from office. In 1967, the 25th Amendment/ Section 4 was passed and it provides a complex, incredibly difficult process for the removal of a sitting president.

A far less known illness concealment was that of Grover Cleveland, the subject of my paper tonight.

On March 4, 1893, Cleveland at age 55, a Democrat in an era dominated by Republicans, was inaugurated for a second term as our 24th President. Interestingly he was the only president to serve two nonconsecutive terms. He both preceded and succeeded Benjamin Harrison. Regrettably, he came into tough times, and inherited an inflationary economy that was in ruins. A principle cause for the financial crisis was the Sherman Silver Purchase act of 1890, which required the Federal government to purchase an incredible 4.5 million ounces of silver a month and issue a commensurate number of banknotes that could be redeemed for either silver or much more valuable gold. This resulted in a huge drain on the country's gold reserves.

Two months after taking office the National Cordage Company, a Wall Street darling, went bankrupt. Four months earlier, the rope maker had issued an unheard of 100% dividend. In reality, the company was over-extended and deeply in debt. Its collapse sent Wall Street into a panic such that the *New York Times* commented that the floor of the stock exchange "might have passed for a morning in Bedlam".

Two months into the presidency, his troubles were reaching monumental proportions. There was the financial crisis, the money question, a newly pregnant wife, and an administration that was poorly organized and one, which he grossly micro-managed. It was in this setting that Cleveland first noticed a rough spot on the roof of his mouth. It was on the left side where he chewed his cigar. He wrote it off as a minor dental problem, and ignored it; particularly with all the problems he had on his plate. By mid-June, six weeks after he first noticed it, the lesion had considerably enlarged and really began to worry him. His wife, Frances, years later noted that it caused him to pace the floor at night. With deep concern, she contacted Joseph Bryant, a prominent New York surgeon, their family physician, and a close friend of the Clevelands. Shortly thereafter, she met with Bryant at a railway depot in New Jersey on her way to their summer home in Cape Cod. He expressed concern and decided to go to Washington to examine the president. Following his examination, he concluded that this was a malignant

tumor. When Cleveland asked Dr. Bryant what was going on: he said he was quite certain it was malignant and recommended immediate excision.

At the same time, the White House physician, Robert M. O'Reilly examined the lesion and was also deeply concerned. He performed a biopsy and sent it to a pathologist, William Welch, who noted: " it is the most important specimen EVER submitted for my examination". The pathologist concluded that it was most likely a case of epithelioma; in today's parlance: squamous cell carcinoma; a malignant tumor.

Making matters psychologically worst for Cleveland was his memory of the agonizing and painful demise of our 18th president, Ulysses S. Grant who succumbed to squamous cell carcinoma of the tongue in 1885; only 5 months after Cleveland had assumed his first term as president. In the 19th century, no diagnosis was more dreaded than a diagnosis of cancer. Almost nothing was known of its cause or treatment. Survival was unusual. In addition, at that time, there was a stigma associated with this diagnosis; victims were embarrassed and cover-ups were the norm. In Grant's case, his physicians flat-out denied the diagnosis. However, in less than a year, Grant developed metastatic disease, and the diagnosis became public knowledge. The press camped outside of Grant's New York City townhouse eager to report any information regarding his condition from those who visited the dying General. Never before had a famous American's battle with cancer been so thoroughly reported.

Grant died 13 months after the diagnosis of squamous cell carcinoma had been established. Cleveland proclaimed, " The entire country has witnessed with deep emotion his prolonged and patient struggle with a painful disease and has watched by his couch of suffering with tearful sympathy". Grant's funeral was an impressive outpouring of grief; there were 1.5 million people in attendance including Cleveland who was part of the funeral procession.

With counsel from both Drs Bryant and O'Reilly, Cleveland realized that his tumor must be removed. On June 23, 1893 he gathered the 2 physicians and Dan Lamont, a close friend and unofficial press secretary, to formulate a game plan. Several items were discussed. First, and foremost, Cleveland insisted that

the surgery and his recovery remain an utter secret. As a result, the president, not his doctors dictated his course of treatment which medical historians considered a foolish decision. He had two reasons for secrecy; the first was political. He felt that his health and the health of the struggling nation were inextricably linked. The citizens must have confidence in their president. He insisted that not even his Cabinet be informed. The second reason was personal; he was an intensely private person. He recalled the very public nature of Grant's death 9 years earlier; he would have none of it. In addition, the president wanted no visible scars and requested that his bushy moustache be preserved so as not to arouse suspicion. The second item was timing--- July first, a week hence, was selected. Next was location. A hospital was out; too public. The president decided the operation would take place on the yacht, *Oneida*, owned by his close friend and banking magnate Commodore Elias Benedict. Cleveland had spent countless hours with his friend fishing on the yacht; a perfect disguise for the cover-up. He would board the yacht in New York City and the operation would occur while sailing to his summer home, Gray Gables, on Buzzards Bay thereby giving the appearance that the exhausted president was taking a well-deserved rest.

The wheels had now been set in motion. Next on the agenda was assembling a surgical team, which, fell into the hands of Dr. Bryant. He surreptitiously contacted William Williams Keen, the chief of surgery at Jefferson Medical College in Philadelphia. Keen, 56 years old, was at the height of his career and was regarded as the most famous and respected surgeon in the United States. They met on June 26th on an empty ferry docked at Pier 28 on the Hudson River. In considering Bryant's request, Keen was aware that Cleveland was far from an ideal surgical candidate. He was morbidly obese, had a massively thick neck, and probably had hypertension. Furthermore, anesthesia at the turn of the century was crude and hemorrhage was a real possibility. In addition, Keen was well aware that if he accepted Bryant's proposal, he was putting his career and reputation on the line. At the end of the day, Keen ethically had little choice and he later wrote: "I readily agreed."

On the same day he met Keen, Dr. Bryant met with Edward Janeway, a prominent surgeon who was a Professor of Surgery at Bellevue Hospital Medical College and would monitor the president's vital signs. To round out the team, Bryant recruited two more, John Erdmann, Janeway's assistant and protégé and Ferdinand Hasbrouck a dentist who was both an experienced anesthetist and was regarded as the most expert tooth extractor in the world.

Bryant also had to make preparations on the *Oneida*, currently moored in the East River. The surgery would be performed in the vessel's small, dark saloon. All furniture was removed and a large chair was lashed to the mast, as Cleveland would sit for the procedure. With so much medical equipment on board, there was concern that the crew would become suspicious. They were told that the president had two seriously infected teeth and that he would benefit from the fresh ocean air, disinfected quarters and a team of skilled surgeons; factors thought to minimize a lethal postoperative infection.

On June 30th, the day before the procedure, Cleveland arose early and worked diligently to clear his desk. At that time, he had to personally sign a never-ending number of documents. Sometimes, the stack of documents grew so high his enormous body was obscured from behind his desk. By mid-afternoon, he had completed his administrative duties. Accompanied by Lamont and without bodyguards, he went by carriage to the Potomac train station where Garfield had been assassinated a decade earlier. There he boarded a private Pullman. He was dog-tired and sweaty. He demanded a whiskey and a cigar that no doubt eased his worries.

Six hours later, he arrived in Jersey City where Dr. Bryant joined him for a 20-minute ferry ride to Manhattan. From there, they secretly squeezed into Bryant's carriage and in darkness headed for Pier A on the East River where they boarded the *Oneida*, which was fitted for luxury and speed. There he enjoyed a fine cigar, chatted with the surgical team and around midnight retired to his stateroom.

The following morning, the *Oneida* set sail into Long Island Sound where he was examined by Keen and Janeway and found to be in surprisingly good

shape. Keen was concerned with the urinalysis, which revealed early chronic nephritis that could be exacerbated by the effective but highly combustible anesthetic ether. An alternative anesthetic was nitrous oxide or laughing gas; considered quite safe but not suited for long operations. It was decided that they would start with nitrous oxide and use ether only if absolutely necessary.

Cleveland had a light breakfast and “moved his bladder and bowels in a natural fashion”. He then undressed down to his underwear, walked to the saloon, where he took a seat in a chair. It was reported that he was calm before the six physicians in whom he had placed his life.

Imagine the scene and contrast it to the operating theaters of today. A dark room with one ceiling light; no suction should there be bleeding; no airway tubing or ventilator to safely pass the anesthetic gas and oxygen to the lungs, no blood for possible transfusion and no monitors. As a surgeon, I can't conceive of operating in such conditions.

The procedure went unbelievably well. It lasted about 90 minutes. Five teeth, one third of the hard palate, and part of the jaw were removed leaving a defect of 2 ½ inches by ½ inch. There were no visible scars, his moustache remained intact, and his vision would be unaffected. The defect later would be replaced with a custom-made prosthesis so there would be no speech impairment. The doctors agreed that the growth was an epithelioma, which a decade earlier had killed President Grant. When he was sufficiently conscious, his doctors half dragged, half carried the naked, corpulent, mildly combative president to his cabin where he recovered uneventfully.

On the fifth of July, four days following surgery, the yacht docked at his summer home, Gray Gables, on Buzzards Bay. Daniel Lamont, the president's secretary, issued a statement regarding the trip and noted the president enjoyed good fishing and that his health was excellent. So far, the press had been kept effectively in the dark. However, the silence was short-lived. *Dr. Bryant, the lead surgeon and Cleveland's close friend, suspected that Hasbrouck, the dentist, may have leaked information regarding the malignant growth to the press.* Suspicious reporters flocked to Gray Gables skeptical that there was a cover-up.

Lamont, in damage control mode, met with them and informed them that Cleveland had some minor and long overdue dental work performed on the yacht. To compound matters, Supreme Court Justice, Samuel Blatchford, passed away. His burial would take place 50 miles from Gray Gables; Cleveland would not attend raising further suspicion.

Interestingly, by July 8th, Lamont, by hook or by crook had convinced the press that the president's only illness was a toothache. The *New York Times* wrote: "The President is All Right---Alarming stories about his illness without foundation."

Left with a large hole in his palate, restoration of Cleveland's voice and facial contour was mandatory to maintain secrecy. To this end, Dr. Bryant engaged Kasson Gibson, a New York prosthodontist. Gibson set up a mini-dental laboratory at Gray Gables, took a plaster casting and then made a vulcanized rubber prosthesis known as an obturator to fill the hole. It was complete with gold teeth to replace the ones that had been extracted hence supporting his cheek so that it was no longer sunken in. Cleveland was quite pleased with the outcome and in a note to the prosthodontist, Cleveland remarked ".....you have scored another dental victory".

On July 15th, Dr. Bryant noted a suspicious lesion at the margin of the excised tumor. He quickly reassembled the surgical team, minus Dr. Hasbrouck, who he suspected of leaking the original surgery. The surgeons secretly boarded the *Oneida* in Greenwich and on the 17th the growth was cauterized in a brief procedure from which Cleveland recovered quickly. The team disembarked in Newport and the press never suspected a thing.

The beans were spilled by the dentist Dr. Hasbrouck who had scheduled a "last resort operation" on a Dr. Carlos MacDonald on July 2nd, the day following Cleveland's surgery. Hasbrouck, of course, was still on the *Oneida*, nowhere to be found. MacDonald's July 2nd surgery, therefore, never took place. MacDonald, the patient, apparently went ballistic the following day; demanding an explanation from Hasbrouck as to why he did not show up for the surgery. Hasbrouck explained that he had been secretly summoned to participate in

surgery on President Cleveland on the *Oneida*. MacDonald was satisfied with the explanation but told his colleague, Dr. Leander Jones of the President's clandestine surgery. In late August, Dr. Jones had a chance run in with an old friend E.J. Edwards, a bright, ambitious newspaper reporter. Jones told Edwards of the secret surgery on the *Oneida*. The reporter had been given the potential scoop of the century. He quickly realized the implication of a potential exposé; turmoil for the administration when it was revealed that Cleveland had undergone removal of a malignant tumor. His good reputation as an honest reporter was on the line; the story must be verified. Early the following day, he tracked down Dr. Hasbrouck who told the reporter everything and added that Cleveland had nicely weathered the storm.

The story broke in the *Philadelphia Press* on August 29th. In an era of intense competition and even fabrication in the news industry, Edwards front-page article, "THE PRESIDENT IS A VERY SICK MAN" was written simply and without hyperbole. He reassured the readers that the president was in no immediate danger. When describing the nature of the growth, he avoided the nearly taboo word *cancer* but did suggest that the growth may have been similar to Grant's malignancy a decade earlier. The story was immediately picked up and transmitted to every newspaper in the country such that the following day it made headlines throughout the country.

Dr. Bryant was furious. His suspicion that Dr. Hasbrouck had spilled the beans was confirmed. Cleveland's loyal cadre of physicians, friends, and administrators rallied to his support and pushed the truth to the absolute limit. Bryant stated the president had some teeth pulled; Elias Benedict, owner of the *Oneida*, told the press the stories of cancer were "all rot" and even the steward on the *Oneida* was steadfast that nothing out of the ordinary had occurred----perhaps with a monetary enticement. At any rate, Cleveland departed from Gray Gables the day after the news broke. The press reported that the president looked great; had no scarring and his speech was crystal clear.

Right or wrong, the reporter, E.J. Edwards, was the victim of the never-ending battle within the press, which was always looking for expanded

readership. At the time, there were two rival newspapers in Philadelphia; the *Philadelphia Press* and the *Philadelphia Times*. The publisher of the *Press* (Edwards' paper) was Charles Emory Smith and the publisher of the *Times* was Alexander K. McClure. It so happened that McClure was part of Grover Cleveland's inner circle and when the explosive Edwards secret surgery article was published, McClure, publisher of the *Times*, instituted a series of scathing editorials to discredit Edwards and his article. One such editorial, published August 30th, read: "[Edwards] builds up 3 columns of pretentious and portentous verbiage and sneaking insinuation. He hopes that it is not cancer. True, there is no reason to suppose that it is, but General Grant died of cancer." In the following days, the *Times* accused Edwards of being a "calamity howler, a famous falsifier, and one who had committed crimes against tranquility." In reading between the lines, such editorials probably were a personal vendetta by McClure who viewed Smith as a "pompous, unctuous jerk with an unwarranted over-abundance of self-esteem. Ultimately, the public largely sided with McClure. Edwards was unwarrantedly called "a faker", a label that would stick with him for years to come. He took the blasphemy like a man.

Meanwhile, the country continued to experience a financial crisis. Gold reserves were precariously low. Newspapers reported a dramatic increase in the number of suicides. Workers were hit especially hard; experiencing miserable working conditions, wage reductions, and organized labor was hardly organized. In 1894, the Pullman strike occurred. Cleveland and his Attorney General sided entirely with management and were totally unsympathetic to the workers; they used judicial and military force to crush the strike.

By the end of his term, Cleveland was a hated man. Countless citizens saw him as indifferent to their suffering and starvation. He received threatening letters and the Democratic Party had all but abandoned him. Upon completion of his term, he spent his final years in Princeton New Jersey, where he became a Trustee of the University. He died in 1908, 15 years after the *Oneida* surgery. According to his doctors, was no evidence of tumor recurrence.

Now, the rest of the story

Towards the end of his life, William Keen, MD, a member of the team and a deeply religious man, was having reservations about the fact that Cleveland's surgery had been kept under wraps for so long. He had an incredibly distinguished career and had operated on family members of Presidents McKinley, Taft, and Wilson. By 1916, only three witnesses were living; Keen, his assistant Erdman, and the *Oneida's* Benedict. Keen wrote: "I felt it a duty to make the facts a matter of public record....". He also felt that E.J. Edwards, who originally broke the true story, had been unfairly maligned. On September 22nd, 1917, with blessings from Edwards and Frances, Cleveland's wife, the story was published in *The Saturday Evening Post*. The 6,000-word article, begins by noting that EJ Edwards story in the *Philadelphia Press* was "substantially correct, even in most of the details". Shortly thereafter, the vilified Edwards wrote Dr. Keen thanking him for setting the story right. Keen wrote back: " After suffering in silence for 24 years, your vindication is now complete."

The Final Twist

The tumor, which had been removed from Cleveland, fell into the possession of Kasson Gibson, the dentist who had fitted Cleveland for his oral prosthesis. In 1917, Keen contacted the dentist requesting that he donate the bottled specimen, as well as a specialized mirror and retractor to the Museum of the College of Physicians of Philadelphia. The specimen ultimately found its way to Philadelphia's Mütter Museum where it resides today along with all types of medical oddities including a piece of John Wilkes Booth's thorax, Chief Justice Marshall's bladder stones, and a slice of Garfield's assassin's brain.

With respect to the tumor, there were lingering questions. What was the true nature of Cleveland's tumor; was it related to the intestinal tumor that eventually killed him, and did Cleveland have syphilis? Cleveland's children, fearing that their father may have suffered from a venereal disease, did not allow the specimen to be microscopically examined until 1975, eight-two years after the tumor had been removed. It proved to be a verrucous carcinoma, a very rare growth that does not spread beyond the hard palate. That is, it was not a lethal tumor similar to the one that killed President Grant. As it turned out, the real

nature of the tumor was first correctly identified and described by Lauren V. Ackerman in a 1948 publication. Interestingly, Dr. Ackerman, a world-renowned pathologist, was one of my mentors in medical school, and he nearly convinced me to become a pathologist. Serendipitously, Cleveland's doctors performed the correct surgical procedure for the wrong diagnosis.

As I discussed in the beginning of this paper, the real question is whether our country has the legal means to temporarily or permanently remove a president against his will. The answer is 'yes' and the mechanism is defined in Section 4 of the 25th Amendment. The details are beyond the scope of this paper. Suffice it to say, the process is convoluted, and I suspect those who wrote it intended it to be used in exceedingly rare circumstances. To put it in context, it is even more difficult to remove a president under the 25th Amendment than it is under the impeachment process. A president can be impeached by a simple majority of the House and removed by a two-thirds vote of the Senate. Removal under the 25th Amendment requires a two-thirds vote in both chambers.

THANK YOU

