

PRESIDENTIAL ILLNESS AND DISABILITY: THE HEALTH AND
PERFORMANCE OF PRESIDENTS FROM 1789-1901

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PERFORMANCE OF PRESIDENTIAL TICKETS FROM 1789-1901

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ABSTRACT

Presidential health and performance has been a subject of study by both political scientists and historians, many of whom have examined the health of our nation's presidents. This study of presidential history is not new. Many monographs and articles have examined this subject in great detail. While these have led to new interpretations of presidential history, they are inadequate for understanding the problem that presidential ill health and disability have presented during our nation's history. Most studies focus only on the twentieth century and the importance of health into the modern presidency. While the focus of health on the modern presidency has greatly changed our understanding of individual presidents and their effect on history, it nonetheless presents only a partial picture of the problem, since it neglects the effect of presidential health during the early years of the republic. I argue that presidential health has always been of prime importance and its effect is certainly not limited to recent decades. This study will also focus, when appropriate, on the health of the vice president during certain administrations. Many primary source documents, along with various monographs provide great insight into the issue during the early years. The effects of presidential and vice presidential health led to attempted remedies in the nineteenth century, but not until the late twentieth century would they reach fruition.

APPROVAL PAGE

The faculty listed below, appointed by the Dean of the College of Arts and Sciences have examined a thesis titled “Presidential Illness and Disability: The Health and Performance of Presidential Tickets from 1789-1901,” presented by Chad Lawrence King, candidate for the Master of Arts degree, and certify that in their opinion it is worthy of acceptance.

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CHAPTER 1

INTRODUCTION

“I just saw and spoke with John McCain last week and frankly, physically and mentally, he’s on top of his game”, said Jim Martin, founder of the 60-Plus Association.¹ “He looks tough as nails, and he is. I think they are going to have a helluva time trying to say he’s too old. He’s sharp.”² Robert Watson of Lynn University was skeptical of Martin’s assessment. “It’s not just that he’d be the oldest president ... With all due respect to him, McCain years are like dog years... This guy’s been around the block. Anybody who can survive 5 1/2 years in POW camps being tortured on a regular basis is a survivor. He’s survived four bouts of melanoma, the worst kind of skin cancer, and he can’t raise his arms above his head. He was also a very heavy smoker up until he was about 45. This adds up,” Watson said.³ He added, “The public is concerned about the health of a president... This year in particular, the new president will have a full plate. The country is divided. We are fighting two wars. We are going to need a healthy president to put a full day in, and the type of workload that’s needed would be devastating for a person half John McCain’s age.”⁴

John McCain, had been the 2008 republican nominee for president was ultimately defeated by Senator Barack Obama, but if he was elected, he would have been the oldest president elected to a first term. Concern over a candidate’s health and age is not a new phenomenon. Candidates from Ronald Reagan in 1980 to as early as William Henry Harrison

¹ Andrea Billups, “McCain Backers Combat Age as Issue in the Campaign,” *The Washington Times*, April 28, 2008.

²Billups.

³Billups.

⁴Billups.

in 1840 had to answer concerns dealing with their age. Reagan ended serving two successful terms as president, leaving office at the age of 77, while Harrison would only survive a month in office, dying at the age of 68.

The issue of presidential health is a concern not only to the media and the public, but has attracted the attention of scholars as well. Since the mid twentieth century, many monographs and articles have been dedicated to the subject, but surprisingly the primary focus has been placed on the twentieth century presidency. There are many reasons for this. The presidency has gained more importance during twentieth century given the United States' increased involvement in foreign affairs and rapid social change. The presidency encountered new challenges ranging from economic hardships, two world wars, racial struggles, and a long feud with the Soviet Union. These issues would require the diligent attention of many presidents throughout this period. Such urgent news would require a healthy, active president.

Most scholars have limited their focus in dealing with presidential health to the era of the modern presidency. The notion of the "modern presidency" has been debated. Most scholarship asserts Franklin Roosevelt was our first modern president, but many scholars cite his distant cousin, Theodore as the first. Louis Gould even argues that the honor goes to William McKinley,⁵ Most, though, such as Fred Greenstein, assert the modern presidency did not begin until the administration of Franklin Roosevelt.⁶ Nonetheless, almost all scholarship concludes the role of the modern president is a twentieth century role. Before this time, the role of the president was seen as limited. During most of the nineteenth century, presidents had small staffs, handled many responsibilities themselves, and the executive branch could operate

⁵ Louis Gould, *The Presidency of William McKinley* (Lawrence: The University of Kansas Press, 1990), 5-6.

⁶ Fred I. Greenstein, "Change and Continuity in the Modern Presidency," *The New American Political System*, Ed. Anthony King (Washington D.C.: American Enterprise Institute, 1978), 45-85.

for prolonged periods of time without the direct need of the president. Because of this presidential illness during the period before the modern presidency is often thought to have been less important than afflictions of more recent presidents. While some of the health situations facing twentieth century presidents may have been more severe, and perhaps more consequential than those of earlier presidents, it does not make their illnesses less important. On the contrary, presidential illness and disability during the early years of the republic posed a great threat to the operations of the government. In some cases, presidential illness caused great concern amongst the population, and in some cases, information was withheld to prevent a panic. Therefore, in order to gain a full understanding of the issue of presidential illness and disability, one must look not only at the modern presidency, but instead examine the subject from the beginning of the republic.

This study will examine the early presidency, beginning with the Washington administration up until the death of William McKinley. It will not just focus on the presidents themselves, but will look at the health of the vice president, when necessary, and will consider any leadership roles they undertook during a presidential health crisis. This approach is necessary to gain a complete picture of the history of presidential health due to the fact that this issue was addressed since the beginning of the republic and the eventual steps that were taken throughout this time would eventually be used to deal with a disabled president.

CHAPTER 2

REVIEW OF LITERATURE

The Beginning

The study of presidential health and disability has been relatively recent in the history of the presidency. This specialty has captured the attention of scholars for the better part of the last sixty years, and through this new study, it would provide new information and insight towards the history of the presidency. Illness was a common occurrence from which no one could escape during the early years of the republic – including the president. A president’s illness generally would attract little attention, and if it did, it would usually only suit the interest of an occasional journalist – not the historian. The press would report to the public only during times when a president was seriously ill, or died while in office.¹ Oftentimes the health of presidents would attract the attention of the medical community. Many times reports would be issued in medical journals detailing illnesses, or causes of death for medical study.² Such reports have been helpful for future historians to further investigate certain health issues that might have afflicted sitting presidents.

The study of presidential health did not begin to acquire serious consideration until after the death of Franklin Roosevelt. Rumors began to surface about Roosevelt’s health during

¹ This would be the case when James Garfield was shot and lingered on for months after the shooting. Press reports would be updated daily with word on Garfield’s condition. See Candice Millard, *Destiny of the Republic*.

² See: “Death of President McKinley,” *Journal of the American Medical Association*, 37 no. 12 (1901): 779-787. Ray Lyman Wilber and Charles Miner Cooper, “President Harding’s Last Illness.” *Journal of the American Medical Association*, 81, no. 7 (1923): 603.

his last year in office and continued after his death.³ The first person to chronicle Roosevelt's health seriously was Dr. Karl C. Wold. Wold questioned the true cause of Roosevelt's death and would later publish an article titled "Was FDR a dying man?" in *Look* magazine in February, 1949. In Wold's article, he would recount the overall health of FDR leading up until his death. The accounts of Roosevelt's health were far from customary. Wold asserted Roosevelt suffered from heart disease and suffered multiple strokes while in office. While some of Wold's conclusions were speculative, he nonetheless directed wide attention to the health and death of Franklin Roosevelt. *Look Magazine* would later report that the issue containing Wold's article sold an extra 10,000 copies.⁴

Such assertions did not go unnoticed. Elliot Roosevelt dismissed Wold's claims and charged him and *Look* with "dirty journalism." He called Wold's report a "smear" against his father.⁵ Wold's interest in FDR's health would inspire him to widen his scope and publish a full study dedicated to the health of all the presidents. Shortly after his article appeared, he would release a book titled, *Mr. President – How is Your Health?* (1949); this was an ambitious work which chronicled the health of the presidents from George Washington to FDR. Wold said historians would many times leave out information regarding presidents' health, and that no serious effort had been made up until that point to chronicle their health. Wold filled the void with his work, and it would become the standard literature for referencing presidential health for the next decade.

³ Emanuel M. Josephson, *The Strange Death of Franklin D. Roosevelt* (New York: Chedney Press, 1948). Josephson's work is more of a conspiracy theory than a work of scholarship, but nonetheless, Josephson contends that Roosevelt's death was not sudden, and was one of the first to begin the melanoma theory.

⁴ "The Press: Counter Fire," *Time Magazine*, May 2, 1949.

<http://www.time.com/time/printout/0,8816,800172,00.html>. Retrieved: 12 May, 2011.

⁵Ibid.

After Franklin's Roosevelt's death, the nation would find its new Chief Executive, Harry S. Truman, the embodiment of perfect health. Truman, at the age of 60, displayed a show of vigor that would be unmatched by most of the presidents in our history. Truman maintained a very active schedule, and was known for his brisk walks that he would take for regular exercise. The visibility of Truman's rigorous regimen would be a sharp contrast to Roosevelt's during his final years.⁶ Truman's vigor would restore the people's faith in a healthy president. The nation's confidence in the physical health of the Chief Executive, though, would be short-lived. While Truman displayed great physical health, his successor, Dwight D. Eisenhower, would encounter serious health issues in office. These would again shake the public trust. Eisenhower, during his two terms in office, would suffer a serious heart attack, a stroke, and complications related to Cohen's disease.⁷ Such medical maladies were very unsettling, especially during the height of the Cold War.

Shortly before Eisenhower left office, Rudolph Marx would publish a book titled, *The Health of the Presidents* (1960). Marx was inspired by Wold's previous work⁸ and used it as a stepping stone to expand his own study. Marx would state in the forward of his book that he examines what "the role of sickness and health played in molding their character and influencing their actions and decisions, especially during their terms in office."⁹ While Marx's study is larger than Wold's, it nonetheless narrows the scope to his interest in their health and actions while in office. It is very likely Marx was intrigued by Roosevelt and Eisenhower's health issues, given his concern that presidential health "often has [a] far reaching effect on

⁶ Even though Roosevelt was physically disabled, up until his last year would still maintain regular physical activity in Warm Springs, which would provide him a form of physical exercise.

⁷ For a more extensive treatment of Eisenhower's health in office, see: Clarence G. Lasby, *Eisenhower's Heart Attack* (Lawrence: University of Kansas Press, 1997).

⁸Rudolph Marx, *The Health of the Presidents* (New York: G.P. Putnam's Sons, 1960), 7.

⁹Marx, 11.

world events.”¹⁰ While Wold’s and Marx’s works were groundbreaking in creating a focus on presidential health, they would lack the depth that would be supplied by future studies. Both works only supply a historical overview, and they fail to discuss any remedial measures needed to protect the country from a president’s ill health.

A few decades later, some more published surveys of the health of the presidents became available. *The Health of the Presidents* (1994) by John Bumgarner, and *The Presidents Last Years* (1989) by Homer Cunningham, provide simple overviews of presidential health. Bumgarner’s work varies little from the information put forward by Wold and Marx, and the only adjustments made are to the histories of presidents who succeeded to the office after the Marx publication. Cunningham’s work also focuses on presidential health, but narrows the scope to the president’s final years. Cunningham’s work proves helpful to the issue of presidential health and performance, especially those who spent their last years while still in office. While the Bumgarner and Cunningham works provide much information to the history of presidential health, they unfortunately break little ground in advancing the study. Both works use primarily secondary source material, and give no insight or remedy in dealing with an unhealthy president. At best, both works provide solid pieces of reference material.

The Twenty-Fifth Amendment

After the death of Franklin Roosevelt, very few steps were taken to deal with the issue of an ill president. Since Roosevelt’s death was natural – related to his poor health – the only measures taken were to provide extra assurances for the proper succession if another president were to die in office. In just two years after Roosevelt’s death, with the support of President Harry Truman, Congress passed the Presidential Succession Act of 1947. The act would

¹⁰Marx, 11.

establish new a chain of command, replacing the Presidential Succession Act of 1886. This insured the Country would have a head of state if the president and his successors were to die, or resign with a vacancy in the vice presidency. The act would end up raising more questions than it answered. The Succession Act would only provide a remedy if the president were no longer in office, therefore leaving the question of a disabled president unanswered.

Ruth Silva began to examine the question of presidential disability and the succession question in her book *Presidential Succession* (1951).¹¹ She presents a historical account of presidential succession, and stated clearly that presidential deaths, along with the issue of disability, are not too uncommon. Silva begins to lay the groundwork for the questions that would later be asked about presidential disability. Unfortunately, it would be almost fourteen more years before any serious provisions for presidential disability would be implemented.

The assassination of John F. Kennedy sparked new debate on presidential health. While Kennedy's wound was indeed fatal, arguments began to surface regarding the question: what would have happened if Kennedy had lived? If Kennedy had survived, it would no doubt have left him permanently disabled. Furthermore, how healthy was the new president, Lyndon Johnson?¹² Scholars during this time began to move away from the concerns of general presidential health, and instead, began to focus on presidential disability. During the height of the Cold War, many feared a disabled president would be disastrous, endangering U. S. national security. While it would seem suitable to pass such tremendous responsibility to the vice-president, many were concerned there was no legal remedy to do so. The new president, Lyndon Johnson, had a history of heart trouble, and the United States was not far enough

¹¹ Ruth C. Silva, *Presidential Succession* (Ann Arbor: University of Michigan Press, 1951).

¹² Lyndon Johnson suffered a heart attack while serving as Senate Majority Leader in 1955. Questions concerning his health began to resurface shortly after Kennedy's assassination.

removed to forget about the heart problems of Dwight Eisenhower. Unlike Eisenhower, Johnson would have no vice president for well over a year until a new inauguration on January 20, 1965.

One of the first scholars to devote a study to the issue of presidential disability was John Feerick. Feerick's first full study was published in 1966 titled, *From Falling Hands: The Story of Presidential Succession*. Feerick would later write a full history of the Twenty-Fifth Amendment in 1976 titled, *The Twenty-Fifth Amendment: Its Complete History and Applications*. In his book, *From Falling Hands*, Feerick looks back at the history of presidential succession and notes that the Constitution fails to provide a remedy that is suitable in addressing the issue. Furthermore, Feerick states the Presidential Succession Act of 1947 is seriously inadequate since it places the Speaker of the House and President Pro Term next in line to the presidency.¹³ Feerick argues that the Cabinet officers should be next in line, making it less likely that there would be sharp shifts in policy. Feerick further argued for the line of succession to include more people. The fear of nuclear attacks was common during at that time, and he believes it would be necessary to include governors from the different states to the list in case a nuclear attack were to wipe out the legislature and cabinet. Feerick's proposed solutions pushed for congressional action and also a constitutional amendment. He believed a statute would not be adequate to solve the problem.

Feerick's book was part of the big breakthrough that finally began the process in Congress that seriously started dealing with the issue of presidential disability. Representative Richard H. Poff of Virginia said that Feerick "was the scholar and the author who articulated

¹³ Speaker of the House, John McCormack was 71 and President Pro Term, Carl Hayden was 85. This would add to public concern over presidential succession given their advanced age.

the problem, mobilized public opinion, and dramatized the urgency of action.”¹⁴ Hoff went further to state “the book unquestionably helped inspire the 88th Congress to face the need for corrective action. Furthermore, it was an important background study for the 89th Congress in its successful attempt to write a constitutional amendment...”¹⁵ One member of the legislature to take a keen interest in Feerick’s work was Senator Birch Bayh of Indiana.

Birch Bayh served in the United States Senate from 1963 to 1981. During his tenure, he would chair the Senatorial Committee of Constitutional Amendments, and it would be during his chairmanship that the 25th Amendment would finally see reality. Bayh ended up detailing his experience for the struggle to create and ratify the 25th Amendment in his book titled *One Heartbeat Away: Presidential Disability and Succession* (1968). His work is two-fold: first, it serves as a monograph detailing the previous attempts of adopting a legal remedy for presidential disability. Second, it is a first-person testimonial of his personal involvement as committee chair in the creation of the Amendment. His study is fitting, in that it begins where Feerick’s leaves off. Bayh’s concern throughout the book was the time it took for the Amendment to reach fruition. If the debate over the disability issue had taken too long, Bayh contended, the public and lawmakers would have lost interest in the issue, and a serious matter, once again, would have gone unresolved.¹⁶

The first use of the Twenty-Fifth Amendment would take place in 1973, fewer than seven years after its ratification in 1967. Vice President, Spiro T. Agnew resigned his office as the result of investigations into his behavior as Governor of Maryland, and County Executive

¹⁴ Richard H. Poff, “Review: From Falling Hands: The Story of Presidential Succession, by John Feerick,” *Columbia Law Review* 67, No. 2 (Feb. 1967): 403.

¹⁵Poff, 400.

¹⁶ Birch Bayh, *One Heartbeat Away: Presidential Disability and Succession* (Indianapolis: The Bobbs-Merrill Company, Inc., 1968), 62. Bayh’s main concern was the assassination of John Kennedy would begin to fade to the back of people’s minds, leading to a smaller sense of urgency to solve the presidential disability issue.

of Baltimore County. This gave Richard Nixon the opportunity to appoint a new vice president under Section Two of the Amendment. Nixon settled on House Minority Leader Gerald Ford, and Congress confirmed him by a wide margin. Ford's vice-presidency would be short-lived. Less than a year later, Nixon resigned from the presidency, making Ford the president of the United States, thereby giving him the opportunity to appoint his own vice-president. He shortly would nominate Nelson Rockefeller, who was confirmed with little resistance.

Shortly after this time, John Feerick would follow up his previous work on presidential disability and write a new history in 1976 titled *The Twenty-Fifth Amendment: Its History and Applications*. Feerick's narration covers much of the same ground as Bayh's, but goes further in providing important details regarding Ford and Rockefeller's appointments. Feerick places into account the consideration of Ford's appointment in the Senate. Nixon's presidency during this time was deeply troubled by the Watergate investigations, and Feerick points out many senators were looking at Ford not only as a potential vice president, but as a future president. Aside from his narrative, he also examines the Amendment itself. He praises the success of the Amendment, but acknowledges there are questions that remain unanswered. His main concern rested with the office of the vice-president. Nowhere in the amendment is there a remedy if the vice president becomes disabled. "It must be emphasized," he says, "that the provisions of Sections 3 and 4 cannot operate without a Vice President. He is the key to the effectiveness of the procedures prescribed in the Amendment."¹⁷ While Feerick addresses many concerns about the effectiveness of the Amendment, he only addresses Sections 1 and 2. Feerick stated he was unable to appraise Sections 3 and 4 since they have not yet been implemented.¹⁸

¹⁷ John D. Feerick, *The Twenty-Fifth Amendment: Its Complete History and Applications*, Second Edition (New York: Fordham University Press, 1992), 206.

¹⁸Feerick, 213.

Fewer than five years after Feerick's work, the Twenty-Fifth Amendment would meet another challenge with the assassination attempt of President Ronald Reagan on March 30, 1981. John Hinckley, a deranged would-be assassin, fired six shots toward the president and his crowd, wounding six people, including the president. Initial accounts indicated that the president was not seriously hurt, and that his recovery was under way. Reagan did recover from his wounds and resumed a limited work schedule for a few months until his recovery was complete. Shortly after the assassination attempt, questions began to surface about the true extent of Reagan's injury.¹⁹ Arguments were being made as to whether Reagan, or his Cabinet, should have evoked the Twenty-Fifth Amendment while Reagan was hospitalized. The first detailed account of Reagan's injury was a work by Herbert Abrams titled, *The President has been shot: Confusion, Disability, and the Twenty-Fifth Amendment* (1992). Abrams' account of the assassination attempt brings to light the true seriousness of Reagan's injury and the difficulties he encountered during his recovery process.

Abrams concluded that Reagan was critically injured during that time and his staff, along with the vice president, failed to employ the Twenty-Fifth Amendment. Abrams argued that Sections 3 and 4 are fundamentally flawed, given the failed opportunity by the Reagan administration to employ it. Abrams book also acknowledged the cover-up of Reagan's true health after the shooting. He wrote that Reagan lost almost half his blood volume, and contrary to reports his recovery was difficult. Abrams concluded that Reagan was not able to discharge the duties of president during this time, because he had been under anesthesia, and later was heavily medicated. The failure to implement Section 4 speaks, perhaps, to the amount of loyalty that presidential staff had for Reagan, but such loyalty would be detrimental in an

¹⁹ David E. Rosenbaum. "White House Disputes Assertion of Reagan Frailty after Shooting." *New York Times*. 29 September, 1987.

attempt to transfer power. Abrams goes further indicating that Vice-President George H. W. Bush refused to consider the notion of transferring power.

The assassination attempt on Reagan demonstrated that sections 3 and 4 indeed had flaws. It was after this point that works dealing with the Twenty-Fifth Amendment would mainly focus on remedies to the issue of presidential disability within a framework consistent with the Twenty-Fifth Amendment. Robert E. Gilbert edited a collection of essays titled, *Managing Crisis: Presidential Disability and the Twenty-Fifth Amendment* (2000). The essays moved away from historical examples, and began to examine the possible remedies that would prevent the misuse, or lack of use, of the amendment. The following year, Robert Joint and James Toole would compile another collection in an exhaustive examination titled, *Presidential Disability: Papers and Discussions on Inability and Disability among U. S. Presidents* (2001). The Joint and Toole collection does not differ much from Gilbert's book, but does focus more on recorded transcripts and discussions than on individual essays.

Hidden Illness and Cover-Ups

Throughout the late twentieth century, attention began to focus on the health of past presidents and how serious their medical conditions might have been. The shift reflected the release of more documents, as well as information from surviving friends and physicians of past presidents, who came forward with new information. Cover-ups of presidential health had indeed been discussed during earlier periods, but they were mainly limited to a few investigative journalists, who failed to provide conclusive evidence of serious illnesses.²⁰ The

²⁰See: Matthew Algeo, *The President Is a Sick Man: Wherein the Supposedly Virtuous Grover Cleveland Survives a Secret Surgery at Sea and Vilifies the Courageous Newspaperman Who Dared Expose the Truth* (Chicago: Chicago Review press, 2011).

first important document to chronicle a cover-up was an article written by Howard Bruenn in the Annals of Internal Medicine titled, “*Clinical notes on the Illness and Death of President Franklin D. Roosevelt*” (1971). Bruenn served as Roosevelt’s cardiologist, and revealed in his article that after examining Roosevelt in April, 1944, he discovered his patient was suffering from severe hypertension and congestive heart failure. Bruenn said that after his diagnosis, Roosevelt’s physician, Ross McIntyre, swore him to secrecy; he was forbidden to discuss his patient with anyone but McIntyre. Roosevelt was kept alive, he said, through treatments of digitalis and a drastically reduced work schedule.

Bruenn’s article was groundbreaking. For the first time, there was conclusive evidence that Roosevelt had indeed been a dying man, and that his death was not a bolt out of the blue. Bruenn’s publication would inspire journalist Jim Bishop to release an entire monograph on Roosevelt’s health and final decline, titled; *FDR’s Last Year: April 1944-April 1945* (1974). Through a series of interviews and primary documents, Bishop detailed to the public for the first time Roosevelt’s true health and the cover-up. Bishop detailed the extraordinary lengths to which McIntyre and many others close to the president went in order to hide Roosevelt’s health from the public. Bishop goes as far to reveal Roosevelt’s alarming blood pressure readings that remained unmanageable during his last year in office, which would result in the cerebral hemorrhage that eventually killed him. Bishop’s work, while groundbreaking, falls short in some places. Bishop relied mainly on interviews, but left no bibliography, or even any records of whom he interviewed.

The study of hidden illness and cover-ups would resurface in the late 1980’s with speculation regardless the mental and physical health of Ronald Reagan. After Reagan’s colon cancer operation in 1985, people began to notice he was slowing down, and seemed more

inattentive.²¹ Because of this, many believed that the Iran Contra scandal slipped past Reagan during its original planning and development.²² Reagan assured the doubters he was fine, and that he had “not slowed down any.”²³ Nonetheless, shortly after this period, scholarship again would increase on the study of presidential health and the issue of cover-ups.²⁴

The first work to give a comprehensive overview of the subject was a book by Kenneth Crispell and Carlos Gomez, titled, *Hidden Illness in the White House* (1988). Crispell and Gomez argue that hidden illness has been a problem in past administrations, and focuses on presidents Woodrow Wilson, Franklin Roosevelt, and John F. Kennedy to illustrate their point. They state, and prove, that all three presidents were afflicted by serious medical maladies while in office, and that they, along with their physicians, covered it up.²⁵ This demonstrates an unsatisfactory situation, and establishes that a remedy must be found. Professor Roy Lubit praises these authors, but raises many questions as to the adequacy of their discussions. Lubit raises reservations about the authors’ criticisms of Roosevelt’s functioning at Yalta, and argues that Roosevelt’s health did not play a factor in the decision-making process in his agreements with Stalin.²⁶ Furthermore, he states that there is no conclusive evidence to demonstrate that John Kennedy was unable to perform his duties while fighting illness.²⁷ If one accepts Lubit’s arguments, it would leave Woodrow Wilson as the only president they examined who was truly unable to perform his duties because of illness.

²¹*The Presidents*, Volume 3 (New York: History Channel Home Video, 2004, Videorecording).

²² Geoffrey Barker, “Fears on Reagan’s Health” *The Advertiser*, (Dec. 19, 1986).

²³Hugh Sidey, “The American President.” Episode 5 (New York: PBS Home Video, 2000, Video recording).

²⁴Crispell and Gomez, 203.

²⁵ The author of this thesis agrees with the case studies issued by Crispell and Gomez, but is not entirely convinced the health of John F. Kennedy compromised his ability to function.

²⁶Roy Lubit, “A Review of Hidden Illness in the White House, by Crispell and Gomez,” *Association for Politics and the Life Sciences* 9, no. 2 (Feb. 1991): 300-301.

²⁷Lubitt, 300.

Crispell and Gomez then turn their attention to the Twenty-Fifth Amendment and question its efficacy in regards to solving the issue of cover-ups. The Amendment only works if the President, or the Vice President and Cabinet are willing to declare disability – which both parties failed to do during the Reagan administration. They also propose an independent presidential physician and medical panel to be established by Congress, which would determine presidential disability and report to the vice president, therefore reducing the possibility of a physician being more loyal to the president, than to the country. Edward MacMahon and Leonard Curry would expand the study began by Crispell and Gomez in *Medical Cover-Ups in the White House* (1987). MacMahon and Curry would broaden the scope of presidential cover-ups, and include presidents from the nineteenth century leading into the Reagan administration. The broader scope implied cover-ups were more common than previously realized, but many of their case studies show a flawed premise given that many of the presidents discussed were open about their maladies.²⁸

During the early 1990s, President George H. W. Bush would encounter a few health maladies that garnered public attention. In May 1991, he was found to have an irregular heartbeat, and was diagnosed with Graves' disease.²⁹ Furthermore, Bush would later become sick at a state dinner in Japan, an episode was broadcast on television. When Reagan left office nearing the age of 78, it seemed unlikely that his successor, Bush, who was only 67, would face any serious health threats while in office. As things developed, though, the episodes that Bush faced would place the spotlight on his vice-president, Dan Quayle, raised questions about his readiness to lead. Shortly after these incidents, Robert Ferrell would release, *Ill – Advised:*

²⁸Garfield and Eisenhower.

²⁹ Ferrell, Robert, *Ill – Advised: Presidential Health and Public Trust* (Columbia: University of Missouri Press, 1992), 159.

Presidential Health and Public Trust (1992). Ferrell's book also includes case studies, but narrows the scope to include only cases where he felt cover-ups occurred. Ferrell asserts the first cover-up occurred with Grover Cleveland's secret cancer operation in 1893, which would create the trend of presidents' concealing illnesses with the help of their loyal physicians. Ferrell provides for the first time, documentation of the true state of Eisenhower's health. While his health has been covered by Ferrell's predecessors, Ferrell was able to cite recently released documents proving Eisenhower's health was more fragile than previously realized, and that a cover-up ensued to keep the public at ease. Ferrell's work is sound scholarship, but it only serves as a historical narrative, and for the most part covers almost all the same material that was previously discussed in works by Crispell and Gomez, and Park. Furthermore, Ferrell does not provide his own remedy for the problem, and instead reiterates the solutions discussed by MacMahon and Curry.

Robert Gilbert would cover new ground in *The Mortal Presidency: Illness and Anguish in the White House* (1992). Like Ferrell, he placed emphasizes the recent medical troubles of President George H. W. Bush and their possible implications for his ability to govern. While Gilbert is concerned with the physical maladies that affect presidents, He argues for the first time that presidential health can encompass "physical and psychological dangers."³⁰ His case studies vary little from those of his predecessors, but he expands his scope to include Calvin Coolidge, who he states was suffering from depression, concluding this limited his ability to govern efficiently. Gilbert would later dedicate an entire study to Coolidge and his health titled *The Tormented President: Calvin Coolidge, Death, and Clinical Depression* (2003). His case studies would also emphasize the mental strains of the office and compare them with the

³⁰ Gilbert, Robert. *The Mortal Presidency: Illness and Anguish in the White House* (New York: Basic Books, 1992), 232.

pathology of each chief executive. The results, he concludes, demonstrate that presidents with the fewest accomplishments will have shorter life spans than those with great accomplishments.³¹ Regardless of the merits of Gilbert's conclusions, they nonetheless present a new inquiry into the correlation of physical and psychological illness of past presidents. Gilbert is one of the first scholars to devote an entire chapter to Ronald Reagan and his health in regards to a cover-up. Gilbert states Reagan's health was more fragile than many assumed after his colon cancer operation, leaving him more aloof and withdrawn. This would lead, he concludes, to the Iran Contra scandal.

Gilbert, like most scholars of the subject, presents some remedies to the problem of presidential disability. Throughout his work, he places a strong emphasis on presidents' psychiatric well-being, and recommends a psychiatric branch to the president's medical staff. Additionally, he places a new focus on the vice-presidential selection process, and suggests a new selection process for VPs that involve the party as well as the presidential candidate. If the party has a heavier hand in selecting presidential running mates, he believes, it would create the selection of a better candidate. Gilbert's concern over Bush's health and the possibility of Dan Quayle ascending to the presidency no doubt influenced the remedy he proposed.

After the terrorist attacks on September 11, a new focus began to emerge in political science on American foreign policy, especially in regarding the phenomenon of terrorism. New concerns developed regarding presidents and their approaches to handling international crises. These would lead to a work on presidential disability titled *Presidential Leadership, Illness, and Decision Making* (2008), by Rose McDermott. Like Gilbert, she maintains a focus on the

³¹ The author of this Thesis believes Gilbert's study is inconclusive, given that lengthened human lifespan are usually associated with the advancements of medicine and public health. The presidents who died after Gilbert's study (Nixon, 81), (Reagan, 93), and (Ford, 93) seem to conclude a president's lifespan is increasing, uncorrelated with success, or failure.

physical and psychological health of the presidents – which includes a study of Richard Nixon from both a physical and psychological viewpoint. McDermott uses her specialization in American foreign policy and international affairs to craft her work on presidential health. While her approach and her case studies do not vary much from previous scholarship, she narrows the scope to place an emphasis on a president's health and its effects on American foreign policy. She raises new concerns regarding the health of Dwight Eisenhower and the possible effects it might have had on the Suez Canal crisis, and of Nixon's bout with depression and his lackluster performance towards the end of his administration.

The Health of Heads of State

While the study of presidential illness concerns the health of the American head of state, it is nevertheless important at times also to consider the health of other world leaders. While an ill president might have an effect on American foreign policy, an ill leader of another nation could also affect American foreign policy. Ill leaders, such as: Adolf Hitler, the Shah of Iran, and Anthony Eden, to name a few; have undoubtedly affected the course of American foreign policy, and certainly have affected the course of history. One of the major works dealing with the health of various heads of state, including the American presidency, is Bert E. Park's, *The Impact of Illness on World Leaders* (1986). Park adds new credibility to the field of presidential health given his work as a practicing physician, along with being a historian. He analyses many heads of state during the twentieth century and concludes that their mental and physical health indeed have affected history. His case studies examine evidence of symptoms and behaviors. Employing his medical judgment, he offers new compelling insights

into the effects of illness upon leaders. He concludes his work with an analysis, and with recommendations for improving the Twenty-Fifth Amendment.³²

Park would later publish a sequel to his first book titled *Ailing, Aging, and Addicted* (1995), which includes a wider focus on the illness of world leaders to include Napoleon, Joan of Arc, and others. His works deserve special consideration, given his in-depth analysis of some American presidents, especially Woodrow Wilson and Franklin Roosevelt. A similar concern can be found in, *When Illness Strikes the Leader: the Dilemma of the Captive King* (1993), by Jerrold M. Post and Robert S. Robbins. Their survey adds a new study of illness in regards to the issue of substance abuse. They provide startling information on the extent to which substance abuse has compromised the performance of a number of world leaders. Along with documenting substance abuse, Post and Robbins call attention to the dangerous role the personal physician can play in shielding the leader and hindering treatment.

Micro-histories/Case Studies

The development of the study of presidential health has provided scholars with insights into individual presidents, and their ability to govern. Woodrow Wilson's health has been a consistent topic for scholars for over fifty years, and some important works have provided increasing information as records have become newly available. Gene Smith focused on Wilson's last years in *When the Cheering Stopped: the Last Years of Woodrow Wilson* (1964). Smith examined Wilson's massive stroke and how it truly ravaged his health, and other such attempts to examine the psychological health of Wilson, and what effect it had on his governing abilities. These include: *Thomas Woodrow Wilson: A psychological Study* (1966), by Sigmund

³² Park would later reiterate his research on the Twenty-Fifth Amendment. See: Bert E. Park, "Presidential Disability: Past Experiences and Future Implications." *Politics and the Life Sciences* 7 no.1, (Aug, 1988): 50-66.

Freud and William C. Bullitt, and *Woodrow Wilson and Colonel House: A Personality Study* (1956), by Alexander L. George and Juliette L. George. While dated, both works provide an interesting insight to Wilson's working relationships to individuals close to him. A more recent study of Wilson's overall health can be found in Edwin A. Weinstein's work, *Woodrow Wilson: a Medical and Psychological Biography* (1983). Weinstein not only focuses on Wilson's health during his presidency, but analyzes his overall health in regard to his history of heart disease.

Perhaps the most popular subject for case study has been Franklin D. Roosevelt. Roosevelt's entire life has been a story of overcoming physical adversity. Most scholars agree that Roosevelt's bout with polio left him physically disabled, but did not interfere with his ability to govern. Most of the recent scholarship about his health tends to focus on his battle with heart disease. Jim Bishop's work on FDR was the standard work on his health until the early 1990's. Then, a diary Roosevelt's cousin, Daisy Suckley, surfaced at her death. Until then, it was believed that Roosevelt was unaware that he was suffering from heart failure, and that his doctors hid it from him to prevent any further stress on their patient. Suckley reveals that Roosevelt knew that he was indeed being treated by a heart specialist, and was not ignorant of his health situation. This would inspire Robert Ferrell to publish *The Dying President: Franklin D. Roosevelt, 1944-1945* (1998). Ferrell would discuss the new implications regarding Roosevelt's knowledge of his poor health, and the efforts to cover it up. Ferrell would later publish a full treatment of the effect of Roosevelt's health and the influence it had on the 1944 Democratic Convention, in *Choosing Truman: The Democratic Convention of 1944* (2000). Hugh E. Evans would further elaborate on that convention in *The Hidden Campaign: FDR's Health and the 1944 Election* (2002).

Perhaps the most monumental work on FDR is a little known study titled *A Conspiracy of Silence: the Health and Death of Franklin D. Roosevelt* (2007), by Harry Goldsmith. Goldsmith's work is a first-hand account of his struggle to solve, what he believes to be the unanswered questions of Roosevelt's death. As a young medical student, Goldsmith was told by physicians close to people who treated Roosevelt that he suffered from a melanoma. Goldsmith details his account of the thirty year search to uncover the truth about FDR's health. He did not find any evidence regarding a melanoma, but did uncover a legal document left behind by Frank Lahey, founder of the Lahey Clinic. In the document, Lahey stated he personally examined Roosevelt and directly told him he would not survive a fourth term. This document would be later called the Lahey Memorandum.

Lesser known presidents have also been the focus of numerous works. Robert Ferrell's *The Strange Deaths of President Harding* (1996), examines Harding's inadequate medical care, and attempts to revive his reputation. *Power beyond Reason: The Mental Collapse of Lyndon Johnson* (2002) by D. Jablow Hershman, and *Healing Richard Nixon* by John C. Lungren (2003), detail the physical and psychological struggles both presidents went through during the end of their presidencies. Recent scholarship has produced *The President is a Sick Man* (2011) by Matthew Algeo. Algeo's work details the secret cancer operation on Grover Cleveland, and his administration's efforts to cover it up. Candice Millard, in her book, *Destiny of the Republic: A Tale of Madness, Medicine and the Murder of a President* (2011), chronicles the assassination of President James Garfield, and the outrageous medical care he received – which would lead to his death.

While the study of president health has been a fairly new subfield in the study of the history and politics of the presidency, it has already brought new insights in to the role of

presidential health and its effects. Concern for the health of the chief executives has brought about major policy changes, including the creation of the Presidential Succession Act of 1947, and the Twenty-Fifth Amendment. Historians and political scientists have expanded their studies to include health of other political leaders. Nevertheless, much remains to be done with regard to presidential illness and its effect on the American political system.

CHAPTER 3

THE EARLY PRESIDENCY

The Washington Administration

During the first quarter century of the Republic, presidents would encounter few health crises. Most of the early presidents not only enjoyed good to moderate health, but lived well into their advanced years. George Washington would be the youngest former president to die at the age of sixty seven, until James Polk who died at the age of fifty three. The first health crisis that occurred happened during the first few months of George Washington's administration. Washington was beset with a bizarre illness and "developed a fever that did not yield to normal treatment."¹ As his fever continued, he developed a pain in his left thigh that would end up requiring immediate attention.² It was noticeable that a growth was occurring within his leg and "rumor spread that the president had a malignant tumor or else was the victim of anthrax," most commonly known at this time as wool sorters disease. Washington's personal physician, Dr. James Craik,³ was unable to attend his patient, so Washington turned to a well-known physician named Dr. Samuel Bard.

Samuel Bard was a wise choice by the president. Bard was a very successful physician in New York and came from a family of doctors. Bard would also be one of the few American doctors of the time to hold a degree in medicine. Bard graduated from the University of Edinburgh, in which he spent over three years of study. Historian Ludwig Deppisch would write "The medical school of the University of Edinburgh was the institution of choice for

¹Douglas Southall Freeman, *George Washington: Volume VI, Patriot and President* (New York: Charles Scribner's Sons, 1954), 214.

²Freeman, 214

³ It was probably best that Craik was unable to treat Washington. Craik subscribed to the practice of "bleeding" to rid the body of bad humors, which is undoubtedly the treatment he would have resorted to in this case. Craik would attend to Washington in his post-presidential years and be the attending physician at his deathbed.

those Americans of wit, ambition, and means who strove to achieve a doctorate of medicine during this country's colonial and early national periods.”⁴ Bard, along with his father, performed an operation on Washington's leg in which they found a cyst. Upon discovery, it was properly drained and Washington's fever immediately began to decline. While the operation was deemed a success, Washington's recovery was slow and painful. He would have great difficulty sitting and had a seat placed in his carriage where he could lie full length to ease his pain.⁵

Although Washington's recovery was slow, he soon was able to resume his duties without issue. Less than a year later, another health crisis would afflict the sitting president. On May 9, 1790, Washington developed a bad cold which progressively became worse.⁶ This illness was far worse than his previous malady and it looked as though he might not recover. He was attended by Dr. Bard, along with Dr. John Charlton, and Dr. Charles McKnight whom Bard called into consultation.⁷ All agreed that he had a “serious form of pneumonia.”⁸ When word of Washington's condition reached the public of the nation's capital “alarm swept through the city... [And] calamity faced the country. .”⁹ Thomas Jefferson, upon hearing the news was in “total despair.”¹⁰ Vice President John Adams followed Washington's condition, and the gloomy reports filled him and his family with “extreme anxiety.”¹¹ Abigail Adams would later state her worries to a friend: “At this early day when neither our finances are

⁴ Ludwig M. Deppisch, *The White House Physician: A History from George Washington to George W. Bush*. (Jefferson, North Carolina, 2007), 9.

⁵Freeman, 215.

⁶Ibid, 259.

⁷Ibid, 259.

⁸Ibid, 259.

⁹ David McCullough, *John Adams* (New York: Simon and Schuster, 2001), 422.

¹⁰James Thomas Flexner, *George Washington and the New Nation (1783-1793)* (Boston: Little, Brown and Company, 1969), 245.

¹¹Flexner, 423.

arranged, nor our government sufficiently cemented to promise duration, his death would, I fear, have had the most disastrous consequences.”¹² During this time, John Adams was unable to do much except sit and wait for the news of Washington’s condition. At this point, the Vice-Presidency was not clearly defined, and Adams had almost no role in executive matters. Adams’ duties were purely legislative, serving as presiding officer of the Senate.

Washington’s condition grew so serious that Dr. Bard summoned Dr. John Jones from Philadelphia for consultation. Jones was ordered to “make the journey with secrecy.”¹³ This was no doubt done to avoid causing alarm,¹⁴ but brings to light an early example of secrecy and the health of the president. Within a few days, Washington’s fever abated and the country was spared from a potential tragedy. It is not certain if the consultation of physicians saved Washington’s life since there are no medical reports left behind giving any details. Nonetheless, it is almost certain that no forms of draconian measures, such as: bleeding, purging, raising blisters, etc. were used to try and treat him. If they had been used, they would almost assuredly have killed him.

Samuel Bard was a rare physician during this time. His practices treating Washington were not customary. His operation on Washington’s leg was successful, with no mention of any post-operative infections occurring on the patient, and his treatment of Washington during his near death experience with pneumonia also had a favorable outcome. Washington, fortunately, did not encounter any other serious health risks while in office. Toward the end of his presidency, he was besieged by hearing loss, which affected him significantly.¹⁵

¹²Ibid, 423.

¹³Freeman, 260.

¹⁴Deppisch, 16. Deppisch states the reasons were also political: secrecy would reduce the alarm over Washington’s health.

¹⁵ John R. Bumgarner, *The Health of the Presidents: The 41 United States Presidents through 1993 from a Physician’s Point of View* (Jefferson, North Carolina: MacFarland and Company), 6.

While John Adams almost became president in a little over one year after the beginning of the new government, he would end up being elected in his own right in 1796. Unlike Washington, Adams did not suffer any serious health problem while vice-president or president.¹⁶ Adams would remark at the end of his term as vice-president when he was sixty one, that he never felt a day over forty.¹⁷ Although Vice President Adams was rarely consulted on executive matters, his tenure as vice-president was significant in regards to legislative affairs. During his time as presiding officer of the Senate, he broke twenty-nine tie votes.¹⁸

Executive Illness in the Jefferson and Madison Administrations

The next administration to encounter a health crisis was that of James Madison. During this time, health issues would afflict Madison, along with his vice presidents, George Clinton and Elbridge Gerry. Madison's first vice president was former New York governor George Clinton. At first glance, it seemed that Clinton would have been a good choice for vice president. Clinton, serving as governor of New York for a combined total of over twenty-one years, would have more executive experience than any of his predecessors who occupied the office of president or vice president. During Clinton's tenure as governor, he served with distinction, and was an important asset in helping and supplying troops during the Revolutionary War.

Clinton was first elected vice president in 1804 to serve under President Thomas Jefferson. Clinton's election was unique in that he was the first vice president who was elected after the ratification of the Twelfth Amendment. The Twelfth Amendment was ratified to

¹⁶ John Ferling, *John Adams: A Life* (New York: Henry Holt and Company, 1996), 319.

¹⁷Ferling, 319.

¹⁸ Vance R. Kincade, Jr, *Heirs Apparent: Solving the Vice Presidential Dilemma* (Westport, Connecticut: Prager Publishers, 2000), 3.

provide a remedy to the electoral process in choosing a president and a vice president. Before its ratification, the person who finished second in the Electoral College would be vice president. It did not take long for the republic to realize the complications that could arise from this method. During the Washington administration the process worked effectively with vice president John Adams serving diligently as the nation's number two executive, but after Washington's tenure that working relationship would soon change. During the end of Washington's second term, factions began to arise with Alexander Hamilton leading the Federalist Party, and Thomas Jefferson serving as the head of the Democratic-Republicans. Adams aligned himself with the federalists after his election in 1796, but was not as extreme as the rest of the party. Thomas Jefferson finished second in the Electoral College, thereby serving as Adams's vice-president. Their relationship was stained and Adams found that he had a vice president who led the opposition against his administration instead of supporting it.

Adams ultimately was defeated by Jefferson in the election of 1800, but Jefferson did not receive the Electoral College majority needed to win. For the first time, the House of Representatives was used to determine the next president. The House was to decide whether Jefferson or Aaron Burr would serve as the next president, and after Alexander Hamilton's influence on the federalist wing of the House, it was determined that Jefferson would be the winner and Burr would serve as vice-president.¹⁹ Hamilton felt he had to choose the better of two evils, and that Jefferson "had some principles...Burr had none."²⁰ Given the results of the election, along with Jefferson ignoring Burr's advice on administrative recommendations, Jefferson and Burr's relationship would quickly cool, and Burr began slowly to oppose

¹⁹ Milton Lomask, *Aaron Burr: The Years from Princeton to Vice President, 1756-1805* (New York: Farrar, Straus, Giroux, 1979), 281-284.

²⁰Lomask, 281.

Jefferson.²¹ Burr, like Adams and Jefferson before him, was mainly involved in legislative matters as president of the Senate and had almost no influence in the administration.

After ratification of the Twelfth Amendment, it would seem that Clinton would be proof of the amendment's ability to solve the problem of factions in choosing occupants of the offices. To the contrary, Clinton would soon oppose many of Jefferson's policies, and would prove difficult to work with. Jefferson's feelings towards Clinton, or perhaps towards the office Clinton held, did not go unnoticed. Jefferson never consulted Clinton "on appointments...or foreign-policy matters."²² In addition to Clinton's opposition to administration policies, he was a poor choice because of his advanced age and declining health. Shortly after his election, this would soon become apparent. As presiding officer of the Senate, Clinton appeared confused and indecisive to the dismay of his Senate colleagues. His biographer, John Kaminski said: "Clinton was ill-prepared to serve the role of a presiding officer over a legislative body. Throughout his entire career he was an executive—a man of action, not a facilitator for others."²³

While his inexperience in legislative procedures was indeed apparent, Clinton's colleagues in the Senate were concerned by what seemed to be troubling signs of old age, which affected his ability to govern the chamber. When Clinton took over as vice president, Senator William Plumer of New Hampshire was quick to notice his inability. Plumer stated: "He is an old feeble man—he appears altogether unacquainted with our rules—his voice is very weak and feeble—I cannot hear one half of what he says—he has a clumsy awkward way of putting a question—Preserves little or no order—What a vast difference between him and

²¹ Ibid, 298-300.

²² John Kaminski, *George Clinton: Yeoman Politician of the New Republic* (Madison: Madison House, 1993), 279.

²³ Ibid, 275.

Aaron Burr! One would think that the *office* was made for Clinton, not he for the office.”²⁴

Future president John Quincy Adams was even more critical of Clinton’s performance and would question the wisdom of the Republican nomination caucus in his assessment. Adams stated:

Mr. Clinton is totally ignorant of all the most common forms of proceeding in the Senate, and yet by the rules he is to decide every question of order without debate and without appeal. His judgment is neither quick nor strong: so there is no more dependence upon correctness of his determinations from his understanding than from his experience. As the only duty of a Vice-President, under our Constitution, is to preside in the Senate, it ought to be considered what his qualifications for that office are at his election. In this respect a worse choice than Mr. Clinton could scarcely have been made.²⁵

William Plumer did not ease his criticism of Clinton’s inabilities. Plumer would later recount on the health and memory of the aging vice president, writing: “He is old, feeble and altogether incapable of the duty of presiding in the Senate. He has no mind—no intellect—no memory—He forgets the question—mistakes it—and not infrequently declares a vote before it is taken—and often forgets to do it after it is taken—Takes up new business while a question is depending.”²⁶ Clinton’s age and infirmities did not dissuade the Republican congressional caucus from nominating him for a second term; this time to serve with President James Madison. Madison, like Jefferson, did not consult with Clinton on matters dealing with the administration, and Clinton was left, once again, to do nothing except for presiding over the Senate. At the time of Clinton’s second term he was sixty-nine years old—making him the oldest vice-president when elected until the election of Alben Barkley in 1948.

²⁴ William Plumer, *William Plumer’s Memorandum of Proceedings in the United States Senate, 1803-1807*, Ed. Everett S. Brown (New York: Macmillan Co., 1923, 634-635). Cited in Kaminski, 275.

²⁵ John Quincy Adams, *Memoirs*. Ed. Charles Francis Adams. 12 vols., (Philadelphia, 1874-1877), I:385. Cited in Kaminski, 275.

²⁶ Plumer, 634-635. Cited in Kaminski, 275.

Clinton's election worried members of the Jefferson-Madison camp. While Clinton's name on the ticket helped secure the electoral votes from New York, administration officials were concerned about the Vice President rallying opposition against Madison's policies. Albert Gallatin would later remark, "I know nothing that can be more injurious to an Administration than to have in that office a man in hostility with that Administration, as he will always become the most formidable rallying point for the opposition."²⁷ While worries in the Madison administration were well founded, Clinton would not be as formidable an opponent as Gallatin predicted. His health was still on a steady decline, and by the time he was elected to his second term "his eyesight had deteriorated so badly he was no longer able to read."²⁸ Given Clinton's continuing health decline he "did not serve effectively as an opposition leader."²⁹

Although in poor health, Clinton's opposition administration policy did have some effect. During Madison's presidency, the charter for the Bank of the United States was set to expire. Originally opposed to the Bank, Madison was persuaded the Bank was necessary to preserve the financial stability of the country, and he reluctantly pushed for its re-charter. During this time, a split began to surface within Madison's supporters in Congress over domestic policy and policy over relations with Great Britain. Madison knew he would receive support from the Federalist Party along with his faithful base of Republicans to get the bank charter passed. The charter narrowly failed in the House of Representatives. The Madison Administration's supporters introduced similar legislation in the Senate hoping that Senate passage would set an example in the House.³⁰ The Senate would deadlock at a 17-17 vote on

²⁷ Albert Gallatin to Walter Lowrie, Fayette County, Pa., October 2, 1824. *Writings of Gallatin*, Ed. Henry Adams. 3 Vols. (Philadelphia, 1879), 2:296. Cited in Kaminski, 289.

²⁸Klyde Young and Lamar Middleton, *Heirs Apparent: The Vice Presidents of the United States*, Reprint Ed. (Freeport, New York: Books for Libraries Press, 1969), 58-59.

²⁹Kaminski, 289.

³⁰ *Ibid*, 289-290.

the re-charter and vote was up to Clinton. Clinton, using his express powers as vice president cast a “no” vote on the Bank’s re-charter, sending a huge defeat to the Madison administration. Clinton argued such an instrument would create harm and extend the authority of the government that it did not rightfully have.³¹

Aside from Clinton’s infamous vote to deny the re-charter, his health kept him from participating in many Senate proceedings. With his health and memory quickly fading, it was apparent his ability to serve effectively for the remainder of the term was doubtful.³² Shortly before Clinton’s death, Thomas Jefferson perhaps remarked quite bluntly on the deteriorating condition of the vice president. “It is wonderful to me that old men should not be sensible that their minds keep pace with their bodies in the process of decay. Our old revolutionary friend Clinton...tells eternally the stories of his younger days to prove his memory, as if memory and reason were the same faculty.”³³ After a prolonged illness, most likely pneumonia, George Clinton died April 20, 1812. Clinton’s death, would, for the first time, result in a vacancy in the executive branch.³⁴

Clinton’s death occurred during the beginning of an election year, and the Republican caucus would soon meet to nominate a new running mate for Madison. It was important to find a candidate who was different from Clinton in regard to temperament and abilities. A candidate was needed who would support Madison’s policies, especially with the current war against Great Britain. Unfortunately, the congressional caucus did not seem too concerned with age. The first choice was Senator John Langdon of New Hampshire, who was over seventy years

³¹Ibid, 290.

³² George C. Kiser. “Are Senior Citizens Too Old for the Vice Presidency?” *Presidential Studies Quarterly* 812, no. 2, (Fall, 1994). Kaminski, 290.

³³ Thomas Jefferson. *Thomas Jefferson Writings*. Ed. P. L. Ford (N.Y., 1898), IX, 327. Cited in Kiser, 813.

³⁴ The executive branch in this study only refers to the presidency and vice presidency—not any cabinet or bureaucratic positions.

old. After his selection, he “declined the honor.”³⁵ Eventually the caucus would turn to Elbridge Gerry, who happily accepted. Gerry, like Langdon, was an elder statesman, and Gerry would be sixty-eight after his election with Madison.

Gerry had a long career in politics before his election to the vice presidency. He served in the Continental Congress during and after the Revolutionary War. After the war, he served as a delegate to the Constitutional Convention, but refused to sign the document because there was no Bill of Rights included. He would later serve in the House of Representatives as a supporter of Hamilton and the Federalist Party, but would subsequently come to oppose their policies and align himself with the Jeffersonians. His last public office before the vice presidency would be his election to the governorship of Massachusetts, but he failed to gain re-election the following year. Gerry was well-liked, and his ability to charm others, especially in social circles, enabled him to make and keep close political contacts. His pro-Madison views, especially his hostile views against Britain, made him especially attractive to the Republicans loyal to Madison’s camp. His allegiance and dedication towards the Administration would seem to make him the perfect replacement since he “produced none of the outrage that the unfortunate Clinton had.”³⁶

Gerry’s time as vice president was much more productive and beneficial towards the Madison Administration than Clinton’s had been. Unlike Clinton, Gerry spent countless hours responding to patronage matters.³⁷ Such an assignment would lead one to believe Madison was willing to trust Gerry with administrative responsibilities, leading to an increase in the vice president’s role and giving him the ability to gain influence within the Administration. Gerry’s

³⁵ Harry Barrett Learned. “Gerry and the Presidential Succession in 1813.” *The American Historical Review*. (Oct., 1916): 94.

³⁶Kiser, 813.

³⁷Ibid, 813.

influence was not as successful, though, as he had hoped. Madison passed over some of his recommendations for important posts, “indicating that his relationship with Madison was not too strong.”³⁸

Unfortunately, Gerry would be besieged by health maladies throughout his entire tenure as vice president. Shortly after his arrival in Washington, Gerry suffered a stroke, and speculation grew as to whether he would survive.³⁹ To the surprise of many, Gerry did recover, but the incident placed a heavy toll on his physical strength. One observer noted he looked “like a scant-patterned old skeleton of a French barber.”⁴⁰ Despite ill health, Gerry spent almost every day presiding over the Senate while in session and most of his evenings dealing with patronage issues or mingling in the Washington circles, where his presence was always requested. Such strenuous activity would no doubt further deplete his precarious health.

While the health of Clinton and Gerry seemed troublesome at best, it would always seem reassuring that President Madison regularly enjoyed good health. Madison had always looked very young for his age,⁴¹ perhaps because of his very small height and frame. He had encountered few health issues, but sometimes suffered painful headaches, most likely due to nervous exhaustion. Madison’s good health as president would soon change: In June, 1813, he was stricken with a “bilious fever” that would not subside. Daniel Webster would soon report to the Senate that Madison was too ill to attend to business pertaining to the legislature.⁴² Like Washington’s illnesses, a generation before, alarm would quickly spread throughout the

³⁸ George A. Billias, *Elbridge Gerry: Founding Father and Republican Statesman* (New York: McGraw-Hill Book Company, 1976), 327.

³⁹Kaiser, 813.

⁴⁰Billias, 329.

⁴¹ William A. Degregorio. *The Complete Book of U.S. Presidents*.5th Ed. (New York: Gramercy Books, 2001), 55.

⁴² Irving Brant, *James Madison: Commander in Chief, 1812-1839* (New York: The Bobbs-Merrill Company, Inc., 1961), 186.

republic. Some newspapers were predicting that Madison had only months to days to live.⁴³ Former president, John Adams, remained deeply concerned for Madison's health and consequently for the health of the nation. Adams remarked to a friend that Madison's life "is of great importance."⁴⁴

During this time, all eyes were placed on Gerry – who was seriously concerned about Madison's illness and slow recovery. Gerry, who was next in line to the presidency, was still not fully recovered from the stroke he suffered the year before, which left concern over Gerry's ability to serve as president, if required. "With Madison's condition "precarious" and Gerry himself ill, anti-administration members began hoping for the death of both men before the summer was out."⁴⁵ This was a concern among pro-Madison officials and worry began to spread on how to preserve the Administration's policies if Madison and Gerry were to die. James Monroe also believed Madison's enemies were hoping for Madison's and Gerry's death, so that a person more agreeable to them would ascend to the presidency. Many members in the Senate were anxiously waiting for Gerry to vacate his chair as president of the Senate so a Pro Tempore could be named in his place, placing that person second in line to the presidency. Monroe wrote Jefferson that "[William] Giles is thought of to take the place of the President of the Senate as soon as the Vice-President withdraws."⁴⁶ William Giles was a critic of Madison and was seen as a threat to the Administration's policies. If Giles were to ascend to the presidency, it was likely he would have sought an early peace with Britain and reversed many other policies placed in effect by the Administration.

⁴³Ibid, 210.

⁴⁴Ibid, 210.

⁴⁵ Robert Rutland, *The Presidency of James Madison* (Lawrence: The University of Kansas Press, 1990), 131. Billias, 326.

⁴⁶ James Monroe, *Writings of James Monroe*. Ed. Stanislaus M. Hamilton (New York: G. P. Putnam's Sons, 1898) Vol. 5, 272-273. Cited from Learned, 96.

At this point, Gerry saw it was imperative to prevent Giles, or any other anti-Madison senator from being included in the line of succession.⁴⁷ During this time, there was no president pro-tem in the Senate. As with the custom that began with Adams, the vice president would excuse himself from his seat before the current session ended, to allow the senate to elect a president pro term to fill in during the vice president's absence. When Gerry was approached to do so according to the custom he quickly refused. Regardless of custom, Gerry explained himself "to be differently circumstanced from any of his predecessors."⁴⁸ Gerry's reaction did not result from selfishness, or from seeing himself as indispensable. He was no doubt concerned about his health and was equally concerned about the Administration's ability to carry on in the event he, along with Madison, were to die. Without a President pro-tem, the line of succession would fall to the Speaker of the House. The speaker was the young Henry Clay. He was a strong supporter of Madison, and his influence in the House helped gather enough support to get the declaration of war needed against Great Britain. Many believed Gerry's refusal to vacate his seat was part of a plan that would make Speaker Henry Clay next in line to the presidency.⁴⁹

While Gerry's motives for not withdrawing were seen as merely political, he nonetheless felt obliged to explain his motives to the Senate chamber toward the end of the session. In the Annals of Congress, he was recorded as stating the following:

He further observed that, on this view of the subject, it might be said, that the Constitution did not contemplate the appointment of a President pro tempore, because of the words being, "the Vice President shall: not may, "be the President of the Senate," are imperative, and leave no discretion on his part, to quit the Chair before he had adjourned the Senate.⁵⁰

⁴⁷Billias, 326.

⁴⁸Learned, 97.

⁴⁹Ibid, 97.

⁵⁰Annals of Congress, *Retirement of the Vice President*. Monday, 18 April, 1813. 776-777.

Toward the end of July, Madison's health crisis began to pass. By the end of the following month the President was able to attend to most of his duties,⁵¹ but Gerry would still be plagued by overwork and frail health. On November 23, 1814, he complained of pains in his chest, and had felt ill the night before. Regardless, he went about his day and took his carriage to the Capital. Once he entered the Senate Chamber, his chest pains were so severe that he immediately left for home. He died minutes after his arrival.⁵² It is likely that Gerry died from complications related to a myocardial infarction due to a weakened cardiovascular system.

James Madison would be the only president to finish both terms without a vice president. Both Clinton and Gerry were over seventy years of age at the time of their deaths, which is extraordinary, given the low life expectancy during the early nineteenth century. The public records of both men would seem to make them more than qualified to serve as Vice President of the United States. Both would had legislative and executive experience, along with a successful record in meeting challenges while serving as the heads of their states. Regardless of their public records, though, their age and infirmities would prove them to be unwise choices to serve as the second in command, especially during a time of war.

While the Twelfth Amendment was designed to prevent a tie vote between presidential and vice presidential candidates in the Electoral College, it would be the beginning of a trend for caucuses, and later major political parties, to select vice presidential candidates for appeasement and demographic purposes in order to secure electoral advantage. This in turn, according to many scholars, would create a decline in the office leading party leaders to overlook issues such as health and the ability to serve once elected. In their younger years,

⁵¹Brant, 210.

⁵²Billias, 329.

Clinton and Gerry might well have been wise choices to serve in the vice presidency, but it was quite apparent their selections were used to gain northern votes for the ticket and to move them out of the way to groom secretaries of state, James Madison, and later James Monroe, for the presidency.

The Tyler Precedent

The selection of presidential and vice presidential candidates would begin to take a drastic turn after the formation of major political parties. The Democratic Party emerged in the 1820's, and would become the first truly successful party in the United States, gaining support from areas all over the country. For its leader, the party gravitated towards Andrew Jackson, who would be elected to two terms as the seventh President of the United States. The Democrats sole power did not last long. Shortly after Jackson's election to the presidency, a new party formed called the Whigs, mainly to counter Jackson and what the Whigs viewed as his excessive use of executive power. Both parties, Democrats and Whigs, would work to extend their base to all corners of the nation. This would be a sharp difference in comparison to the Federalists and Republicans from the generation before, who mainly had concentrated strongholds in certain parts of the country.

In order for both parties to gain and maintain power, it was imperative for them to nominate candidates who would satisfy the party faithful from all areas of the country. In order to achieve this, parties would nominate presidential and vice presidential candidates who would balance the ticket which would provide the biggest chance of victory on Election Day. While such a notion makes sense for a party wanting to gain and maintain power and influence, it can also be a disastrous strategy. During the Antebellum period, both parties would put forward many compromise candidates to appease the delegates at nominating conventions, as

well as the electorate. The result would show during this time leading up to the Civil War, many presidents and vice presidents who were not up for the job.

Health of the candidates was a major factor that conventions tended to overlook. Between the administrations of Andrew Jackson and James Buchanan, two presidents and one vice president would die in office. All three were advanced in age for the time, but that would be overlooked and they were nominated because of their popularity with the electorate. The first president to die in office was William Henry Harrison. Harrison's popularity when nominated was mainly manufactured by the Whig Party. He was seen as a war hero, which would provide the perfect image that people associated with Jackson over a decade ago. The problem was Harrison's advanced age. He was sixty-eight years old when elected and he would be the oldest elected president until Ronald Reagan's election in 1980. While many had the impression that Harrison would be a weak president, he showed signs of assertiveness and would battle with Henry Clay over patronage matters during his brief time in office.⁵³

Harrison's time in office is the shortest on record. Three weeks into his term, he would catch a cold which would develop into pneumonia. The treatment Harrison receive from his doctors was nothing short of barbaric. During his struggle, he was administered opium, brandy, camphor, crude petroleum, along with bleeding and purging. He survived less than a week under such conditions and died exactly thirty days into his term. Given his advanced age, it is difficult to know, but medical historian, John Bumgarner, speculated that Harrison might have been able to live out his term if he had been left alone by his doctors.⁵⁴

⁵³ For a detailed account of the Harrison administration, see: Norma Lois Peterson, *The Presidencies of William Henry Harrison and John Tyler* (Lawrence: University of Kansas Press, 1989).

⁵⁴Bumgarner, 62.

Harrison's vice president was John Tyler from Virginia, and unlike most vice presidential candidates during this time period, he was a good choice for the number two position. He had been raised in a distinguished political family and was part of the Virginia aristocracy. His biographer remarked that Tyler "had been groomed to assume as his birthright a career dedicated to public service and political leadership."⁵⁵ Tyler had served in the U.S. House of Representatives; as President Pro Tem of the U.S. Senate, and as Governor of Virginia. His lengthy career enabled him to be skilled at legislative and executive matters, and he also was an accomplished orator. It was first assumed that the news of Harrison's death came as a shock to Tyler.⁵⁶ To the contrary, Tyler was kept up to date on Harrison's condition by his close friend, James Lyons. Lyons relayed to Tyler the accounts he received regarding Harrison's health. Lyons told him that, "the general impression seems to be that he [Harrison] will not survive the attack which is one of violent pleurisy... I shall not be surprised to hear by tomorrow that Genl. Harrison is no more."⁵⁷

Tyler was not needed for government matters during Harrison's illness and he felt it was improper for him to rush back to Washington at such a time.⁵⁸ Edward Crapol elaborated on Tyler's decision stating that, "such behavior would have been unseemly for a man of Tyler's refinement, gentility, and aristocratic sensibilities."⁵⁹ Upon Harrison's death, he rushed back to Washington to take over as President of the United States. Tyler, at first, faced resistance, questioning his right to take over as president. Many argued that it was the duties alone that he inherited, not the presidency itself. To the surprise of his detractors, Tyler was very assertive,

⁵⁵ Edward. P. Crapol, *John Tyler: The Accidental President* (Chapel Hill: The University of North Carolina Press, 2006), 12.

⁵⁶James Lyon and Fred Shelly. "The Vice President Receives Bad News in Williamsburg: A Letter of James Lyons to John Tyler." *The Virginia Magazine of History and Biography*. (July, 1968): 337-339.

⁵⁷Ibid, 339.

⁵⁸Ibid, 338.

⁵⁹Crapol, 8.

and his assertiveness in stating he was the new president was enough to cause the doubters to back down. Henry Clay was enthusiastic about Tyler, and saw a more supportive president in him than his predecessor. Clay confided to a friend, “I cannot help thinking that...(Tyler) will enterpose no obstacles to the success of the Whig measures...”⁶⁰

Also to the surprise of many, Tyler exercised great power while serving as president of the United States. Like Jackson, he would use the veto as a means of presidential power, including rejecting a new charter for a national bank. His assertiveness and use of power would soon get him expelled from the Whig party and he would not be nominated for a second term. Tyler’s presidency serves as a strong point during a time when presidents and vice presidents were generally mediocre, with the possible exception of James Polk. Richard Neustadt stated that “Tyler was a good president, a necessary president.”⁶¹ Tyler’s elevation to the presidency would establish the precedent of presidential succession that all future vice presidents would follow until the ratification of the Twenty-Fifth Amendment made it explicit and official.

After Harrison’s death, the country would witness two more presidential deaths within a quarter century, those of Zachary Taylor and Abraham Lincoln. Taylor’s death was most likely due to a virus along the digestive track,⁶² Bumgarner speculated it “was due to some form of gastroenteritis.”⁶³ Taylor’s death presented a pattern similar to that of Harrison’s. Both lasted less than a week, and for each, his demise was likely hastened by the physician.⁶⁴ Unlike Harrison and Taylor, Lincoln’s death was sudden and unexpected. Lincoln would be the first president to die by assassination. After Lincoln was shot, he would never regain consciousness

⁶⁰Letter to Samuel Starkwater. 15 April, 1841. *The Papers of Henry Clay*. Vol. 9, Ed., Robert Seager III (Lexington: University of Kentucky Press), 1988.

⁶¹“The American President” PBS, 2000.

⁶² K. Jack Bauer, *Zachary Taylor: Soldier, Planter, Statesman of the Old Republic* (Baton Rouge: Louisiana State University Press, 1985), 314-315.

⁶³Bumgarner, 76.

⁶⁴ Taylor was also subjected to harsh treatments, such as bleeding. See Bumgarner, 75-76.

and died the following morning. Lincoln's was also unprecedented, in that it gave his successor, Andrew Johnson, almost no time to prepare himself for the high office. As mentioned earlier, Tyler and Fillmore had both received notice of the president's illness, and had stayed informed of their condition; this in turn prepared them to expect the worst before the presidential deaths. While Tyler proved an able chief executive and brought power back to the office, it was short lived among presidential successors. Fillmore and Johnson ended up being disastrous choices to succeed to the presidency. Both men reversed many of the policies of their predecessors and the policies they pursued brought more harm to the nation.⁶⁵

⁶⁵ Taylor did not support the Compromise of 1850 and stated he would veto the bill if it passed. After Fillmore's accession to the presidency, he quickly signed it, which would further impose more draconian measures against African Americans, such as The Fugitive Slave Act. Johnson would do similar harm. He vetoed many measures aimed at expanding African American rights, such as the establishment of the Freedman's Bureau, and the Civil Rights Act. Lincoln, without a doubt, would have supported both measures.

CHAPTER 4

AFTER THE CIVIL WAR TO THE GILDED AGE

From the Washington administration to the Andrew Johnson administration, the United States would encounter three deaths in the presidency, and also alarming, seven vacancies in the vice presidency.¹ Luckily during this time there was no prolonged illness that any sitting president or vice president suffered that would impede, or threaten to impede the normal operations of government. Illnesses were sudden and quick for the sitting presidents. Unfortunately, this would all change with the assassination of President James Garfield in 1881.

James Garfield and Prolonged Disability

James Garfield was well-liked, and was chosen as a compromise candidate to appease the Republican Party which was dividing into two factions. He had served with distinction in the Civil War and would be the only president elected directly out of the House of Representatives. Garfield was part of the more moderate wing of the Republican Party that mostly associated with Senator James Blaine of Maine. Such an alliance would not allow Garfield to carry the entire party on Election Day, so the convention nominated Chester A. Arthur, who was aligned with New York senator Roscoe Conkling – a rival of Blaine’s – to carry the rest of the ticket. The ticket worked, and Garfield and Arthur were elected by a narrow margin. Garfield’s Presidency was brief, but during his six months in office he would battle Senator Roscoe Conkling of New York over executive appointments. Garfield eventually won his battle with Conkling, and within a short period, he was able to strengthen the power of the

¹ The seven vacancies include John Calhoun’s resignation, vice presidential deaths, and vacancies that were created when a sitting vice president ascended to the presidency upon the death of a president.

presidency by recapturing the appointment power from the Senate back to the president. While Garfield's assertiveness was popular with the people, it would further estrange him from the Stalwart wing of the Republican Party. Chester Arthur maintained a strong relationship with Conkling and the Stalwarts while vice president and "made no secret his contempt for Garfield."²

The animosity directed toward Garfield by the Stalwarts was also shared by a mentally deranged man named Charles Guiteau. His hatred of Garfield was a slow and growing process. Guiteau truly believed he was entitled to a major diplomatic appointment by Garfield for his loyalty to the party and supposed activities during the campaign. Guiteau's awkward demeanor and bizarre antics made him into a joke around Republican circles and consideration for any type of job was never a reality. His persistence in seeking a job would eventually get him banned from the White House and the State Department. Frustrated, he decided to murder Garfield, believing that it would appease Conkling and the stalwarts. Guiteau felt he would be hailed a hero and he would finally receive a commission from the new administration for his deed.

Guiteau stalked Garfield for a few weeks and on the morning of July 2, finally found the nerve to shoot him twice from behind as he walked across the station. One bullet grazed Garfield's arm, but the other bullet lodged deep into his back. The shots instantly sent Garfield down to the floor where he was quickly attended by Secretary of State James Blaine, along with Garfield's two sons.³ Guiteau was quickly captured by a security guard as he exited the station. Upon his capture, Guiteau stated, "I did it. I will go to jail for it. I am a Stalwart and

² Allen Peskin, *Garfield* (Kent, Ohio: Kent State University Press, 1978), 599.

³ Candice Millard, *Destiny of the Republic: A Tale of Madness, Medicine, and the Murder of a President* (New York: Doubleday, 2011), 131-132.

Arthur will be President.”⁴Guiteau was quickly taken into custody and speedily went to the local jail to escape the angry mobs.

Due to the telegraph and the newly invented telephone, the news about Garfield spread quickly. Instantly, thousands of people went to the streets to get news of the shooting.⁵ Garfield was immediately attended by local physicians. Upon examination, they determined his wound fatal and he would not survive the day.⁶ Garfield was soon moved back to the second floor of the White House where he would be further treated by attending physicians while they desperately searched for the bullet. The head physician for Garfield’s case was Dr. D. W. Bliss, who was a local doctor summoned by Secretary of War Robert Lincoln. “Bliss aggressively assumed control of the President’s case,” and refused to let Garfield’s personal physician have any worthwhile role in the President’s treatment.⁷

The doctors kept probing for the bullet with dirty hands and unsterile instruments. This would be during a time where sterilization was not a common part of medical practice in the United States, and fingers were commonly used to follow the bullet path in hopes of finding it. Throughout Garfield’s struggle, the doctors would not give up hope in locating the bullet. Each search would end in vain, but they still stuck to their assertion that the bullet had struck the liver,⁸ which later proved to be incorrect. John Bumgarner believed the doctors may have had other motives for their search. He commented that perhaps the doctors continued search for the bullet “would have made a sensational press release.”⁹ The practice of sterilization was beginning to gain ground in Europe, but was steadily dismissed in the United States and viewed

⁴ Kenneth D. Ackerman, *Dark Horse: The Surprise Election and Political Murder of President James A. Garfield* (New York: Carroll and Graf Publishers, 2003), 379.

⁵Ibid, 389.

⁶Peskin, 597.

⁷Deppisch, 49.

⁸Ackerman, 399.

⁹Bumgarner, 125.

by many physicians as unproven and unnecessary. The lack of sterilization, along with the primitive medical treatments would stall Garfield's recovery and eventually lead to his death.

Not only did Garfield's shooting spread anger and disbelief, it also spread a wave of fear, especially with those serving in the executive branch. Secretary of War Robert Lincoln ordered troops to surround the White House "in case the shooting had been part of a conspiracy or coordinated attack."¹⁰ Former president, Ulysses S. Grant, among other politicians also began to worry about their own future safety.¹¹ Shortly after it was discovered that Guiteau acted alone, there was still some concern for vice president Chester Arthur's safety. Upon receiving the news of the shooting, Arthur was "horrified," and immediately sent his condolences to Garfield and his wife.¹² While Arthur stated his grief to the press, many felt he was somehow directly, or indirectly responsible for the assassination attempt.¹³ Threats came in against Arthur throughout the period. For his safety, patrol guards were set up in the hotel where he was residing, and plainclothes detectives were stationed on his and Conkling's floor.¹⁴ Arthur would later have police protection as he made his way from New York to Washington to meet with Garfield.¹⁵ Chester Arthur would be the first vice president to get security protection.

After Guiteau began talking and explaining his motives to the police, people began to conclude that Guiteau was insane.¹⁶ Regardless, in 1881, the demands for justice were so strong it was very unlikely Guiteau could have been acquitted for insanity. At first, many politicians did not know who Guiteau was, but would later be able recount previous encounters

¹⁰Ackerman, 390.

¹¹Ibid, 410.

¹²Ibid, 385.

¹³ Millard, 167-170.

¹⁴Ackerman, 397.

¹⁵Ibid, 400-401.

¹⁶Ibid, 407.

with him. Before the assassination, Guiteau met with Garfield, Arthur, Conkling, and Blaine; sometimes on more than one occasion. Guiteau's frequent visits to the State Department would end up getting him banned by Blaine himself. Guiteau's persistence did not stop with administration officials; former president Ulysses S. Grant would remember his encounters with the deranged office seeker. Grant said: "He wanted me to sign a paper recommending him as a proper person to appoint as Minister to Austria...I refused to sign his papers. I told my servant not to allow him to enter my parlors. He forced himself in one day, but I refused to talk with him and dismissed him speedily."¹⁷

Garfield's condition would change for better or worse on a regular basis, and updates would be sent out to the public numerous times a day.¹⁸ The nation followed Garfield's progress with "horrified fascination."¹⁹ Many people would write the President offering medical advice, some good, and some bad. E.L. Patee of Manhattan, Kansas wrote: "Do not allow probing the wound...Saturate everything with carbolic acid, one part to 20 parts water about. Use quite freely of this about the wound. Probing generally does more harm..."²⁰ It was interesting a country doctor from Manhattan, Kansas would promote the sterilization of the wound well before it would become common practice, but Patee's advice would go unheeded. Throughout Garfield's struggle, the doctors would keep searching in vain for the bullet with dirty hands and instruments.

Aside from probing for the bullet, Garfield's doctors felt isolation and privacy was crucial for the ailing president. Visitors would be seen as a strain, and might be detrimental to his recovery. On the contrary, it is more than likely the isolation did more harm to the president.

¹⁷*New York Tribune*. (July 3, 1881).

¹⁸ Thomas Reeves, *Gentleman Boss: The Life of Chester Alan Arthur* (New York: Alfred A. Knopf, 1975), 239.

¹⁹Peskin, 600.

²⁰ July 3. *Lucretia Garfield papers*. LC. Cited in Ackerman, 411. Millard, 158.

The frequent isolation no doubt depressed the President. Garfield's biographer would say "the President was starving for companionship."²¹ The Cabinet was forbidden to communicate, or bring any problems to the President, and only Garfield's wife was allowed to see him on a normal basis. One cabinet meeting was held, but nothing of importance would be discussed in fear of exciting the president.

Aside from the brief cabinet meeting, the executive branch would be without a president for over four months. Never in the nation's history had a president been unable to perform his duties for a long period of time. Fortunately, Congress was out of session and Garfield's presence was not necessarily needed for any pressing matters. For some in the administration, such as Robert Lincoln, did not see Garfield's absence as a grave importance at the time. He remarked the government was "running along—every man running his own Department and thinking he is doing so well that he may be President someday."²² James Blaine disagreed. Blaine saw a pressing need for a functioning executive. Blaine knew if Garfield did survive, his recovery would be very long, and Congress would reconvene and Garfield would be needed before could resume his duties. Blaine asserted at a cabinet meeting that Arthur should become president due to Garfield's incapacity.²³ The majority of the Cabinet refused such an idea, and when word reached Arthur on his thoughts, he refused to consider the idea.²⁴ Garfield's biographer sided with Blaine's statement on transferring power. Peskin argued by the time Congress reconvened in December "some similar action certainly would have been required."²⁵

²¹Peskin, 601.

²² Justus D. Doenecke, *The Presidencies of James A. Garfield and Chester A. Arthur* (Lawrence: University of Kansas Press, 1981), 53.

²³ Reeves, 244-245. Ackerman, 421.

²⁴Reeves, 245.

²⁵Peskin, 604.

While many held out hope for Garfield's recovery, it would not come to pass. Toward the end, Garfield began to experience infections behind his ears and throughout his entry wound, and could rarely hold down food. He was losing strength daily. "Garfield's body had shriveled to 130 pounds...he literally was starving to death. Beneath his bedcovers, he'd become a virtual skeleton, ribs protruding through his chest, legs reduced to matchsticks."²⁶ A horse drawn buggy waited outside Arthur's residence on a regular basis in case he was summoned to the White House to take over as president.²⁷ Garfield was starting succumb, not to the bullet wound, but "from a combination of infection, blood poisoning, and starvation."²⁸ Garfield finally met his end on September 19 as a result of blood loss from a ruptured aneurism. Regardless of the medical treatment Garfield received, it is still unlikely he would have survived his wound. The gunshot broke vertebrae from Garfield's spine, going in different directions in his body. This is most likely what lead the physicians astray when trying to locate the bullet. Bliss's arrogance in refusing to search elsewhere for the bullet would ultimately result in the physicians failed search. Other than a bullet located in his body, the pieces of vertebrae left behind might have contributed to his blood poisoning. Justus Doenecke further commented: "Even had he survived, he would have remained a cripple."²⁹

When word reached Chester Arthur about Garfield's death, he was moved to tears. Arthur's grief was only matched when he lost his wife a little over two years previously.³⁰ During Garfield's struggle, Arthur was deeply concerned about updates on his recovery, and was further troubled about his own reputation suffering by public opinion. Arthur was a

²⁶Ackerman, 423.

²⁷Ibid, 413-414.

²⁸Ibid, 420.

²⁹Doenecke, 53.

³⁰Reeves, 242.

“deeply emotional person.”³¹ He was sensitive to the thoughts of others, and this sensitivity would change him once he became the new President. Arthur would assert himself and carry on the reforms that Garfield and his people championed. Arthur’s new attitude would estrange him from his old friends in the stalwart faction of the party, and in turn, would gain him new respect from the American people.

The safety of Chester Arthur was taken very seriously during the summer months of 1881. After the news of Garfield’s death, “two New York City police detectives stationed themselves as guards in front of his house.”³² There was no doubt Arthur was equally concerned about his safety. Before he departed for Washington, he mailed a letter to the White House calling for a special session of the Senate to elect a President Pro Tem. At that moment, there was no President Pro Tem or Speaker of the House, who were the next two officers in the line of succession to the presidency. Arthur mailed the letter out of precaution in case he was killed before he made it to the capital.³³ The vacancy in the position of president pro tem was largely because of Arthur. While vice president, two Republican senators resigned from the Senate (one of them being Conkling). This in turn, gave the Democrats a majority. Given the circumstances, Arthur had refused to vacate his chair in the Senate in fear a Democrat would be named pro tem.³⁴ To appease both parties, David Davis, an independent, was elected pro tem during the special session.

Not only was Arthur concerned about an adequate line of succession, he was further troubled about the consequences of a disabled president. For the first time, Arthur would bring

³¹Ibid, 78.

³²Ackerman, 428.

³³ George Fredrick Howe, *Chester A. Arthur: A Quarter-Century of Machine Politics* (New York: Dodd, Mead, and Co., 1935), 154-155. Reeves, 247.

³⁴Reeves, 241.

the issue up to Congress during his first State of the Union Address. “Questions which concern the very existence of the Government and the liberties of the people were suggested by the prolonged illness of the late President and his consequent incapacity to perform the functions of his office...What is the intendment of the Constitution in its specification of “inability to discharge the powers and duties of the said office” as one of the contingencies which calls the Vice-President to the exercise of Presidential functions?” Arthur asked. He would further elaborate on the issue by providing open questions for Congress to consider about the issue:

Is the inability limited in its nature to long-continued intellectual incapacity, or has it a broader import? What must be its extent and duration? How must its existence be established? Has the President whose inability is the subject of inquiry any voice in determining whether or not it exists, or is the decision of that momentous and delicate question confided to the Vice-President, or is it contemplated by the Constitution that Congress should provide by law precisely what should constitute inability and how and by what tribunal or authority it should be ascertained?

If the inability proves to be temporary in its nature, and during its continuance the Vice-President lawfully exercises the functions of the Executive, by what tenure does he hold his office? Does he continue as President for the remainder of the four years’ term? Or would the elected President, if his inability should cease in the interval, be empowered to resume his office? And if, having such lawful authority, he should exercise it, would the Vice-President be thereupon empowered to resume his powers and duties as such? I cannot doubt that these important questions will receive your early and thoughtful consideration.³⁵

Arthur’s concerns would be ahead of their time and the issue of presidential disability

would not find a remedy until the ratification of the Twenty-Fifth Amendment over eighty years later. Nonetheless, Arthur’s recommendations are well-founded, but unfortunately, Congress failed to act on the recommendations. Arthur would surprise his critics by being a strong and capable executive. He would promote civil service reform, the modernization of the navy, establishing a government for Alaska, and perhaps most striking of all, advocating a line-item veto. Arthur had held no elected office before becoming vice president, leading some to

³⁵Chester A. Arthur, *Annual Message to Congress*. December 6, 1881.

think his executive experience was weak. To the contrary, he was perhaps one of the best prepared executives to enter the White House during the late 19th century. Thomas Reeves argued that Arthur was “intelligent, [and] had extensive administrative experience...”³⁶ Before being elected vice president, he served as the head of the New York Customs House. This was perhaps one of the most important positions in the federal bureaucracy during this time. It was responsible for collecting most of the revenue for the federal government, and Arthur would oversee its entire staff and its day to day operations. This was not an easy task, and it required his constant time and attention. Arthur would serve in the position until his dismissal by President Rutherford B. Hayes for accusations of corruption.

During Arthur’s time as president, he was efficient, but also seen as lazy and somewhat withdrawn. Pressing matters were dealt with promptly, but it was not uncommon for other matters to be put off for another day. Such actions were not necessarily detrimental by any means during this time period, but it made a great contrast to his work ethic during his times as customs collector. Unbeknownst to many, Arthur was in declining health. In 1882, he was diagnosed with Bright’s disease, a then fatal kidney ailment. During Arthur’s remaining years in office he was “fatigued, irritable, and physically ill.”³⁷ By March 1883, “Arthur’s condition was deteriorating rapidly and during the summer he started to delay official business until noon.”³⁸ By this time, observers noted he looked thin and feeble.³⁹

Arthur’s illness was hidden from the public and from many of his friends. Not only was Arthur a deeply emotional person, but he was a very private person as well. He “found it

³⁶Reeves, 251.

³⁷Bumgarner, 132.

³⁸Doenecke, 80.

³⁹Reeves, 317.

undignified to burden others with his pain.”⁴⁰ Nonetheless, news reports began to surface about his ill health, which he readily denied. Arthur’s health would steadily decline toward the end of his term and his public appearances would be limited.⁴¹ He made a half-hearted attempt to secure his party’s nomination, mostly to dispel rumors about his health, but the nomination, instead, went to James G. Blaine.

Arthur’s presidency brought about three major issues in regards to presidential health. Chester A. Arthur would be one of the first presidents to address the issue of presidential disability. Before the Garfield administration, illness in the presidency and vice presidency had been short-lived, and if death were the result, a transfer of power was orderly. Garfield’s struggle was different. Not only did he survive the initial gunshot wound, he would lay bedridden for over four months, leaving the executive branch in limbo until his death. Arthur would also be the first vice president to succeed to the presidency who would face his own health crisis once in office. Other presidents who ascended to the office before Arthur enjoyed reasonably good health and there never had been a concern about the line of succession going any further. Arthur’s case was fortunate; his disease moved slowly during his time in office, and his health would not face a further decline until a few months before he left office. Since Bright’s disease was a combination of many different kidney ailments, it is difficult to know with certainty what the true nature of Arthur’s illness was. Arthur was also first president to cover up his illness and mislead the public about it. While the illnesses of Cleveland, Wilson, and Franklin Roosevelt are well documented in regards to cover-ups, Arthur’s illness does not receive the attention it deserves. Arthur no doubt covered up his illness, but it is arguable that Arthur did it to protect his privacy, instead of his office or his power.

⁴⁰Ibid, 80.

⁴¹Reeves, 416.

The Cleveland Administrations

The next administrations to face a health crisis were the administrations of Grover Cleveland. During Cleveland's first term, Vice President Thomas Hendricks would die only nine months into office. During Cleveland's second term, he would undergo a serious operation to remove a malignancy from his mouth. Both cases deserve careful attention, given that they both had an effect on the role of the health and stability of the executive branch. In 1884, Grover Cleveland would fight a bitter campaign with his Republican rival James G. Blaine for the presidency. The election would be close, and it seemed the tides were turning for a Democratic victory in November, although the Democrats had not held the White House since before the Civil War and their republican opponents were usually more organized and better funded. In order to gain a better chance at victory, Cleveland's candidacy would not be enough; the party would need a strong running mate, preferably from the mid-west, to attract more voters from that region. The Democrats would turn to Senator Thomas Hendricks of Indiana.

They could not have picked a better choice. Hendricks was a lifelong politician who was very popular within the party. His candidacy would ignite the voters who remembered all too well his earlier defeat running with Samuel Tilden in 1876, and would be eager, once again, to try and elect him vice president. Demographically, Hendricks' selection was ideal. While each party had secure voting blocks in many states; Indiana, Ohio, and New York were seen as toss-up states, and many candidates would be selected from these states during the last half of the nineteenth century. Hendricks was very popular in his home state of Indiana and he would be the first Democratic governor elected in a northern state after the Civil War.

Not only would his candidacy work for electoral reasons, but he also shared many of the same beliefs Cleveland did, especially with regard to civil service reform.⁴² Hendricks felt, according to his biographers, that government jobs should “not be subject to change at every election,” and people “ought to be rewarded for proved competency.”⁴³ Given many of their shared belief systems, Hendricks had great respect for Cleveland, and would actively campaign on the ticket’s behalf.⁴⁴ Hendricks would concentrate his speaking engagements in the mid-west, especially in his home state of Indiana.⁴⁵ He would also give speeches in New York to further help the ticket secure the state’s crucial electoral votes.⁴⁶ By a twist of fate, Hendricks almost did not survive the campaign. While campaigning, he was involved in a rail accident, in which the train went off the track injuring many passengers. “Hendricks was able to pick his way out of the wreckage bruised, but unshaken. Within a day, he had begun speechmaking again, complaining only that being so “banged up” kept him from giving his speeches the extra polish they needed.”⁴⁷

While Indiana was the crucial swing state in the 1884 election, Cleveland’s home state of New York was in danger. Cleveland enjoyed a great reputation as New York’s governor. His honesty and reforms were popular with the citizens, and one would imagine his success as governor would assuredly hand him the state’s electoral votes. This was not necessarily be the case; Cleveland’s reforms no doubt pleased the citizens, but it would in turn offend many members of New York’s political machine, especially Tammany Hall. While Tammany Hall

⁴² John W. Holcombe. Hubert M. Skinner, *Life and Public Services of Thomas A. Hendricks with selected Speeches and Writings* (Indianapolis: Carlon and Hollenbeck, 1886), 374.

⁴³Ibid, 375.

⁴⁴Ibid, 376.

⁴⁵ Alan Nevins, *Grover Cleveland: A Study in Courage* (New York: Dodd, Mead, and Co., 1932), 177.

⁴⁶Kiser, 814.

⁴⁷Mark Wahlgren Summers, *Rum, Romanism, and Rebellion: The Making of a President 1884* (Chapel Hill: The University of North Carolina Press, 2000), 167.

was eager to see Cleveland leave the governorship, they were equally as fearful as to the influence he would serve as President of the United States.

Hendricks would be the major link between Cleveland and the Tammany Machine. Hendricks was on good terms with Tammany boss Jon Kelly, and Hendricks personally lobbied Kelly to support the ticket.⁴⁸ Historian Mark Summers summed up the importance of Hendricks made to the campaign: “Hendricks...made a real difference. Party loyalists restive with so new and chancy a candidate as Cleveland found confidence in Hendricks, whose name had been mentioned as a presidential possibility for sixteen years. Certainly Tammany Hall’s regulars were readier to give the vice presidential nominee a serious hearing.”⁴⁹ Hendricks efforts proved successful, and Kelly would mobilize his machine to give New York to Cleveland. In view of the importance of New York’s electoral votes, Hendricks would maintain contact with Kelly throughout the campaign.⁵⁰

The ticket of Cleveland and Hendricks proved successful on Election Day. Not only did it carry New York, but it captured the crucial swing state of Indiana. Summer’s accounts of the victory in Indiana attribute the success to Hendricks. It was almost certain “without [Hendricks] on the ticket, the state would certainly have been lost, and the election with it.”⁵¹ After the election, Hendricks and Cleveland’s relationship turned cold. Cleveland soon fell out of favor with Hendricks when Cleveland refused to dismiss government employees from the previous administration.⁵² In any event, Hendricks’s tenure as vice president would be short lived. He died in office only nine months into his term.⁵³ During his final days, he began to

⁴⁸Nevins, 177.

⁴⁹Summers, 172.

⁵⁰Ibid, 288.

⁵¹Ibid, 172.

⁵²Nevins, 237.

⁵³Kiser, 814.

display symptoms of fatigue and became withdrawn. The night before his death, his behavior concerned those around him. “Though affable to all who greeted him, he seemed less disposed to converse than usual, and lingered in the hall as if reluctant to mingle with the crowd. Many persons noticed he looked a little pale, and seemed tired, but to all inquiries about his health he answered cheerfully, and would not admit he was ill.”⁵⁴ Hendricks would die the following day, and shortly before his death, he complained of “a pain in the region of his heart.”⁵⁵ Such evidence suggests Hendricks died from the effects of heart disease. Hendricks’s death came as a shock to the nation. Up until his final days “he appeared to be in good health.”⁵⁶

While Hendricks’s death seemed sudden to the administration and the nation, evidence began to surface “that he had been in quite ill health for some time.”⁵⁷ Well before his nomination, he exhibited signs of cardiovascular disease.⁵⁸ Fewer than four years before his nomination, he would be stricken with bouts of paralysis in his hand, and in his foot. Hendricks kept this information to himself and would only be known to his wife and physicians.⁵⁹ Given the secrecy surrounding his condition, party leaders were unaware of the troubling issues surrounding his health. Even if they had been made aware; it is unlikely they would have chosen another candidate given his importance on the ticket. After Hendricks was elected, a few of his close friends came forward and expressed their concerns over his fitness for office.

A close colleague from Indiana stated:

I don’t believe Mr. Hendricks will live out the first year of his official life. Few people know his physical condition. His life hangs on the most tender thread at the moment...He is liable to drop dead at any moment. Really, he has not the physical or mental strength that a vice president should have. His mind is clear and strong, except at intervals, when he is momentarily beclouded and loses

⁵⁴Holcombe, 389.

⁵⁵Ibid, 390.

⁵⁶Kiser, 814.

⁵⁷Ibid, 814.

⁵⁸Ibid, 814.

⁵⁹Ibid, 814.

control of himself. I have frequently seen him fall asleep while in conversation with the most animated character. When seated with a number of friends, or in the chair of a presiding officer, he is liable at any time to go to sleep or drop into a mental abstraction, which make him oblivious to all that is occurring around him. There is not one chance in three that he will live a year, and not one in twenty that he will serve out his term.⁶⁰

Such a statement would seem shocking to many, but Hendricks's private secretary confirmed it, and admitted that Hendricks was aware of his ill health and lived "in constant fear of death."⁶¹ It would seem troubling that one who was aware of his declining health would conceal it and would accept his party's nomination for vice president. George Kiser identified two likely reasons for this: First, Hendricks saw this as his last hope of eventually acquiring the presidency. Like Clinton before him, he ignored his advanced age and feeble health in hopes of using the vice presidency as a springboard to the nation's highest office. Second, he felt a strong allegiance to his party. Hendricks felt it was his duty, regardless of health, to give back to the party that made his career possible.⁶² It seems likely that Hendricks truly felt he could overcome his illness. During this time many people believed that strength and determination could overcome an illness.

Hendricks's death would result in a vice-presidential vacancy in two administrations in a row, bringing resulting in the ninth vacancy in the office since its creation. This was perhaps alarming to many. The death of James Garfield and the accession of Chester Arthur was still a recent memory, and having another president without a second in command was a troubling concern. Hendricks's death compelled the forty-ninth Congress to take up debate on a new presidential succession act.⁶³ It was imperative that an orderly transfer of power be made in a

⁶⁰ "Not a Surprise to Indianans'." *The Indianapolis Times*.(Nov. 26, 1885), Cited in Kiser, 815.

⁶¹Kiser, 815.

⁶²Ibid, 815.

⁶³Nevins, 345.

time of crises, and given the inconstancies and vacancies of the positions of the Speaker and Pro Tem. Congress would pass with Cleveland's support the Presidential Succession Act of 1886. The Act made the order of succession go through the executive branch, starting with the Secretary of State. It would remain in effect until the act of 1947, which is still the law today.

Cleveland would finish the majority of his first term without a vice president. Fortunately, he enjoyed good health and the threat of illness or disability was never a concern. Cleveland lost his bid for re-election in 1888 to Benjamin Harrison, but would make an astounding political comeback and defeat Harrison for the presidency four years later. Cleveland's second term would also encounter a health crisis, but this time it was not the health of vice president; it was that of Cleveland himself. Shortly after Cleveland took office, he noticed a rough spot on the roof of his mouth. After a few weeks Cleveland notified his personal physician to examine the area. The doctor he asserted the growth looked cancerous and ordered further testing. Test results demonstrated it was indeed cancerous, and that "an immediate operation was imperative."⁶⁴ Cleveland's illness was ill-timed; upon discovery of his tumor, the country was in a severe financial panic. Major businesses and banks were closing on a daily basis and Cleveland feared news of his illness would send the country into further economic chaos. Upon consultation with his physicians, it was decided his operation must be done in secret to prevent further unrest. It was decided to have Cleveland's operation on his friend's yacht, the Oneida. Such a location would ensure privacy and keep them at a safe distance from the press if any of them became curious. The yacht would sail from Long Island and arrive at Cleveland's vacation home two days later. The chief surgeons for Cleveland's operation were Dr. Joseph Bryant and William. W. Keen. Dr. Keen was one of the best known

⁶⁴Ibid, 529.

and most successful surgeons in the country. Keen obtained his medical degree from Jefferson Medical College in 1862 and would go on to serve as a surgeon for the U.S. army. Keen would later make history as one of the first brain surgeons in the country, and would successfully remove, for the first time, a brain tumor from a patient.

The medical staff boarded the Oneida the night before the president; this would prevent any suspicion by the press. Accompanying the surgical staff would be a skilled dentist by the name of Ferdinand Hasbrouck. Hasbrouck was needed for two important reasons: first, Cleveland's tumor was so large; Hasbrouck was needed to extract two teeth from the president's mouth in order to remove the foreign body fully. Second: Hasbrouck was a skilled anesthesiologist, and it was vital a person with high credentials in the field be the person to handle the delicate and dangerous task. Administering anesthesia to Cleveland would be risky. Cleveland was overweight and "had a strong pulse and...arteriosclerosis."⁶⁵ Administering the anesthesia would be as dangerous as the operation itself. Nitrous oxide would be administered, because it was deemed safer for a person of Cleveland's size. Ether was usually the anesthetic of choice, but all doctors agreed it might be too taxing on Cleveland's health.

During the operation, they removed a large portion of the roof of Cleveland's mouth, along with his upper right jaw. The surgery was done from within his mouth so no scarring would be visible. Cleveland would be later fitted with a rubber jaw that would give his face a normal appearance. He would wear the jaw for the rest of his life. With all the risks involved, the operation was a success, but Cleveland's recovery would be slow. It would be necessary for him to rest and stay out of the public eye during his recovery. It would not be long before word began to leak to the press about his cancer operation. Bryant denied all claims the

⁶⁵Ibid, 530.

president had a malignancy of any kind, and stated that the president only had some teeth removed while on board the Oneida.⁶⁶ Upon receiving the reports from the press, “Bryant was furious. He suspected the source of the cancer rumors was [the dentist] Ferdinand Hasbrouck...the two men never spoke again.”⁶⁷

Cleveland was back on his feet in a few days, but the pain associated the surgery would nag him for some time. During his recovery he “was greatly depressed...and felt as if he would never recover.”⁶⁸ The slow recovery, along with the leaks to the press, would no doubt trouble the ailing president. To put an end to the reports, Cleveland’s secretary, Mr. Lamont, called a press conference at Gray Gables to report the following:

[Lamont] greeted the men cordially and with apparent frankness. He told them that it was really very foolish to make such a stir over a matter essentially trivial; that while the president suffered from an attack of rheumatism, to which he was occasionally subjected, the thing that had occasioned the prolonged journey on Mr. Benedict’s yacht was only a bad case of dentistry. The president, besides being very busy, never enjoyed having a dentist work over him. In consequence he had allowed his dental work to fall so badly into arrears that he had finally felt compelled to go on the yacht; here he could be cool and comfortable and lest the dentist make a thorough job of it. This had been done.⁶⁹

The majority of the press believed Lamont’s testimony about the dental operation, but it would not quiet the speculation as to why the president was out of sight for a prolonged period of time. Shortly after Cleveland’s operation, Supreme Court Justice Samuel Blatchford passed away. “He had been in failing health for a year, so his death was hardly unexpected.”⁷⁰ Cleveland was well acquainted with Blatchford and it would be expected for him to attend the funeral. What was even more troubling was Blatchford’s funeral would be held only a short

⁶⁶Algeo, 107.

⁶⁷Ibid, 107.

⁶⁸Nevins, 532.

⁶⁹Algeo, 108.

⁷⁰Ibid, 109.

distance from Cleveland's vacation home, and his absence would be most conspicuous, and it would certainly raise more troubling questions about his health."⁷¹ Blatchford's wife stated to Cleveland it was not necessary for him to attend, saving him from having to explain his unusual absence.⁷²

One of the people Cleveland avoided mentioning his operation to, was his vice president Adlai Stevenson. Unlike Hendricks, Stevenson was part of a different faction of the Democratic Party. By this time, the party was split over which standard the United State's currency should be based, which was gold or silver. Cleveland, along with many Democrats in the northeast, believed in the gold standard, while Stevenson and the democrats in the mid-west wanted bimetallism of gold and silver. Like his first campaign, the election would be really close, and the support of the farmers in the west and the electorate in the mid-western states was crucial to Cleveland's election bid. Stevenson's selection was used to appease proponents of silver and capture the agrarian vote in his home state of Illinois.⁷³ While Stevenson's presence on the ticket was instrumental to their victory, Cleveland never consulted the vice president. Stevenson would later admit "he was less an adviser to the president than "the neighbor to his counsels."⁷⁴

While this was common practice between presidents and vice presidents, Cleveland's reason was for the simple fact that he did not trust Stevenson.⁷⁵ Given the lack of trust, it was imperative that Cleveland and his inner circle hide his illness from the vice president. While Cleveland's operation was brief, his recovery was more prolonged. If word got out about a

⁷¹Ibid, 109.

⁷²Ibid, 109.

⁷³ H. Paul Jeffers, *An Honest President: the Life and Presidencies of Grover Cleveland* (New York: William Murrow, 2000), 245.

⁷⁴Algeo, 111

⁷⁵Ibid, 110.

slow recovery, it might have started a debate over Cleveland's ability to govern during the recovery process, even if the recovery were brief. Cleveland's biographer, Alan Nevins asserted that "Even temporary incapacitation might be fatal to his aims, while if any accident suddenly removed him from the scene, all would be lost; for the Vice-President, Adlai E. Stevenson, would infallibly bring the nation to the silver standard."⁷⁶

Upon hearing the rumors of Cleveland's illness and subsequent surgery, Stevenson attempted to go to Gray Gables to visit with the President.⁷⁷ The news of his upcoming visit no doubt filled Gray Gables with alarm. It is with almost complete certainty Stevenson would have reported back to Washington the news of Cleveland's illness, which would no doubt effect the upcoming congressional session that was due to debate the currency issue. Cleveland's staff immediately sent Stevenson a telegram "informing him his counsel was neither necessary nor desired."⁷⁸ It would seem surprising that a vice president could do much damage to the administration in which he served, but Stevenson owed no allegiance to Cleveland. Stevenson's loyalties rested with the Democratic Party, especially with the Populists.

McKinley and the Dawn of a New Century

Toward the end of the nineteenth century, the presidency would see an increase in power and prestige. Many factors were involved in the office's gaining power, but the United States' increasing involvement in foreign affairs was a major factor. While debate is still ongoing as to who was the first "modern" president, this study will focus on the presidency of

⁷⁶Nevins, 528.

⁷⁷Algeo, 111.

⁷⁸ Ibid, 111

William McKinley as the first modern president.⁷⁹ While McKinley's administration would last a little over four years, in that brief period, the United States went from an isolationist republic to a world power. The country would fight its first war overseas, and joined its European counterparts in its imperial acquisitions.

While many scholars have viewed McKinley as a passive, reactionary president, new evidence suggests that McKinley was a more active and powerful president than many had realized.⁸⁰ McKinley had great political skills and would use them to his advantage to get what he wanted. Furthermore, he utilized his vice-president, Garret Hobart, as a key player in his administration. McKinley consulted Hobart on a regular basis, and his influence would be effective in the president's inner circle along with key figures in the Senate. This would be the first time since the formation of major political parties, that a vice president would be utilized in this fashion. Many even dubbed Hobart as "Assistant President."⁸¹ Such a position of power might seem surprising if one looked at Hobart's experience in elective politics. While Hobart was deeply influential within the Republican Party, he was never before elected to national office. Hobart would serve in both chambers of the New Jersey legislature, rising to the Speaker of the House and President of the Senate before his election as vice president. Most of his national influence came through his business connections and his ability to raise money. Such influence was needed for the McKinley campaign to win New Jersey's electoral votes in the general election. With Hobart's help, McKinley's campaign swept most of the east coast and went on to win the election in November.

⁷⁹ See. Lewis L. Gould. *The Spanish-American War and President McKinley* (Lawrence: University of Kansas Press, 1982).

⁸⁰Ibid, ix-x.

⁸¹ Michael J. Connolly, "I Make Politics My Recreation": Vice President Garret A. Hobart and Nineteenth-Century Republican Business Politics." *New Jersey History* 125, 1, 20-39.

Once in Washington, Hobart put the political skills he used in New Jersey to good use. He ended up being a supporter of McKinley and his policies and played a major role in assuring the Senate's support of his policies. McKinley's biographer, H. Wayne Morgan, summed up the importance of Hobart's value to the administration:

He had an invaluable ally in Vice President Hobart. Hobart was kind, with an open face and eager hand, easy in conversation, and rich enough to entertain lavishly with his equally charming and witty wife. He smoothed many paths in the upper house over which he presided. Seldom at a loss for words, he strolled easily through cloakrooms and committee sessions, lunching with doubtful brethren, staging dinner parties, and displaying all the talents for charm and compromise that made him well liked and respected in the capital. More than once his informal dinners and afternoon smokers, which the president attended freely, won doubtful votes.⁸²

Hobart's influence would extend beyond the Senate and he would also serve a valuable role within McKinley's inner circle. Hobart proved to be a trusted advisor and McKinley actively sought his advice on many matters ranging from domestic to foreign affairs. Such a relationship was unprecedented and historian, Louis L. Gould, stated "the working partnership between the two men had revitalized the office of vice-president."⁸³

As McKinley's first term was coming to a close, there was no doubt Hobart would be re-nominated for the vice presidency. McKinley's favoritism towards Hobart, along with his popularity within the party and the Eastern industrialists, would have likely gained him re-nomination by a large margin at the 1900 Republican National Convention. Unfortunately for him, Hobart's health began to fade in the autumn of 1898, and he would not recover. "He experienced weakness, breathing difficulties, and periodic fainting spells, but his health

⁸² H. Wayne Morgan, *William McKinley and His America*, Revised Edition (Kent, Ohio: Kent State University Press, 2003), 358.

⁸³ Louis L. Gould, *The Presidency of William McKinley* (Lawrence: The University of Kansas Press, 1981), 215.

problems were kept secret, even from his family.”⁸⁴ Hobart’s loss of physical strength would force him to cut back on many of his vice presidential duties the following year. David Magie, Hobart’s biographer, wrote: “The public announcement of his withdrawal from the duties of his office awakened a deep interest in his condition throughout the country, and from this time on there was a constant endeavor by reporters of the papers to learn daily the condition of the patient.”⁸⁵ Hobart later stated to his wife: “My crystal insight is clear as ever, but the nap on my velvet tact is somewhat worn.”⁸⁶ Trying to quell the rumors of Hobart’s health and his chances of re-nomination in the press, Senator Mark Hanna said: “nothing but death or an earthquake can stop the re-nomination of Vice President Hobart”⁸⁷

Hobart’s debilitating health was no doubt reflected complications from congestive heart failure, he “could not take a reclining position without a sense of suffocation, and the only sleep obtained was while he sat on the edge of the bed and leaned forward, resting his head on a table.”⁸⁸ McKinley, alarmed by Hobart’s deteriorating condition, took him on a short vacation to help him regain his strength, but “the long hours and oppressive weather greatly debilitated him.”⁸⁹ McKinley had to end the vacation abruptly and return Hobart to New Jersey. Toward the end of Hobart’s life, people noted he looked pale and feeble.⁹⁰ He was “recognized as an invalid who required quiet and care,”⁹¹ and “at times his suffering was severe.”⁹² Hobart died November 21, 1899 at the age of 55, and the executive branch would

⁸⁴Connolly, 33.

⁸⁵David Magie, *Life of Garret Augustus Hobart, Twenty-Fourth Vice-President of the United States* (New York: G.P. Putman’s Sons, 1910), 213.

⁸⁶ Mrs. Garret A. Hobart, *Memories* (New York: Carroll Hall Publishers, 1930), 68-69. Cited in Morgan, 328.

⁸⁷*Patterson Evening News*. (April 26, 1898). Cited in Connolly, 33.

⁸⁸Magie, 215.

⁸⁹Ibid, 204.

⁹⁰Connolly, 34.

⁹¹Magie, 205.

⁹²Ibid, 216.

once again suffer a vacancy in the office of the vice presidency. Upon hearing the news of Hobart's death, Governor Theodore Roosevelt ordered all flags in New York to be lowered half-staff in honor of the deceased vice president.⁹³

The vacancy would not last long. The presidential election of 1900 was around the corner and work would soon be underway for a new running mate for President McKinley. Many dignified people were considered for the position, but quickly turned it down due to the insignificance of the job. Party leaders then turned to New York Governor Theodore Roosevelt to join McKinley on the ticket. Roosevelt had grown immensely popular within the Republican Party within the past few years, and had proved to be a capable campaigner for Republican candidates. Roosevelt's popularity was earned through his heroic war efforts during the Spanish American War and the reforms he initiated during his time as governor of New York. The move to place Roosevelt on the ticket was mostly the work of New York senator Thomas Platt. Platt's move was not to attract votes to the ticket, but instead, to marginalize Roosevelt and his growing popularity. Many party leaders agreed with Platt and given many of Roosevelt's reforms did not sit well with many party leaders and the industrialists.

To the surprise of many, Roosevelt accepted the vice presidential nomination. At the age of 41, Roosevelt would be one of the youngest vice presidents in history (with the exception of John Breckenridge and Richard Nixon). The choice of Roosevelt did not appeal to McKinley; he was very familiar with Roosevelt's earlier criticisms of him and his reluctance to enter the war with Spain, saying that McKinley had the backbone of a chocolate éclair for trying to avoid war.⁹⁴ Nonetheless, he accepted the choice of the delegation. McKinley would

⁹³ Ibid, 221-222.

⁹⁴ Scott Miller, *The President and the Assassin: McKinley, Terror, and Empire at the Dawn of the American Century* (New York: Random House, 2011), 122.

remain personally distant from Roosevelt during campaign. After McKinley and Roosevelt's official nomination, Roosevelt campaigned heavily in 1900 and was well received by crowds.⁹⁵ During this election, McKinley would not take an active role in the campaign and "the President's absence from the campaign highlighted Roosevelt's importance on the ticket."⁹⁶ Senator Henry Cabot Lodge was Roosevelt's good friend and supporter. Lodge seemed to believe that Roosevelt's hard work on the campaign would help him gain McKinley's respect and would result to a position of influence within the administration. He would write to later write to Roosevelt:

"I want you to appear everywhere as the champion of the President. That is, on every occasion I want you to appear, as you did at the convention, simply as a leading advocate for McKinley...My purpose in this is to secure by every righteous means the confidence and support for you of the President and of all his large following. This is going to be of immense importance to us four years hence, and that is why I desire that you should appear, not only during the campaign but after the election, as the President's best friend, just as Hobart was."⁹⁷

Roosevelt's hard work paid off in securing an electoral victory in November, but was unsuccessful in gaining any influence with McKinley as his new vice president and Roosevelt "expected to be a dignified nonentity for four years."⁹⁸ Kathleen Dalton wrote that Roosevelt's time as "vice president was not strenuous. He never drew close to McKinley and had little to do with formulating administration policy. Roosevelt looked upon the President as cold-blooded and unemotional."⁹⁹ With Roosevelt's election, the vice presidency would again be treated with insignificance and would not regain its importance until the mid-twentieth century. While Roosevelt's election as vice president pleased his political enemies in New York.

⁹⁵Morgan, 387.

⁹⁶Ibid, 387.

⁹⁷ Ibid, 380-381.

⁹⁸Ibid, 388.

⁹⁹ Kathleen Dalton, *Theodore Roosevelt: A Strenuous Life* (New York: Alfred A. Knopf, 2002), 266.

Senator Mark Hanna was deeply concerned with Roosevelt's new position. Like Platt, Hanna was not a fan of Roosevelt and his ideology, but placing Roosevelt next in line to the presidency was too big a risk to take. Shortly after McKinley's re-election, Hanna would tell the President: "Your duty to the country is to live for four years from next March."¹⁰⁰ It seemed Hanna's worries were an exaggeration. McKinley always enjoyed good health and "people around him assumed him immune to sickness."¹⁰¹

McKinley's luck would soon change. On September 6, 1901, he was shot while visiting the Pan-American Exhibition in Buffalo, New York. The assassin, Leon Czolgosz, concealed his gun in a handkerchief and wrapped it around his hand as though it were dressing a wound. While McKinley was shaking hands with guests and onlookers, Czolgosz stepped forward and fired two shots into McKinley's abdomen. Czolgosz was quickly tackled by a group of people and he surely would have been beaten to death if McKinley had not pleaded for them to stop.¹⁰² The first bullet pierced the skin near McKinley's breast bone, but the second bullet traveled through the walls of his stomach and damaged his pancreas.¹⁰³

McKinley was rushed to a hospital on the exhibition grounds, but it was not equipped to handle serious injuries. Once McKinley arrived at the hospital, authorities quickly summoned Dr. Roswell Park to the scene. Park was a nationally respected surgeon at the University of Buffalo and specialized in the treatment of gunshot wounds. Unfortunately, Park could not attend the president because he was performing a neck operation at the time of McKinley's wound.¹⁰⁴

¹⁰⁰Morgan, 381.

¹⁰¹Ibid, 389.

¹⁰² Miller, 301-302.

¹⁰³ Eric Rauchway, *Murdering McKinley: The Making of Theodore Roosevelt's America* (New York: Hill and Wang, 2004), 11. Miller, 300-301.

¹⁰⁴ Margaret Leech. *In the Days of McKinley* (New York: Harper, 1959), 595-596.

Dr. Matthew D. Mann would be one of the first doctors to arrive on the scene and he made the decision to operate on the president at once to locate the bullet. Dr. Mann, a gynecologist, was ill-prepared and unqualified to treat the president and had little knowledge of gunshot wounds.¹⁰⁵ Not only was Mann unqualified, but the hospital grounds proved inadequate for McKinley's treatment. Historian Scott Miller remarked that "the hospital was better suited to dealing with skinned knees, heat exhaustion, and upset stomachs than assassination attempts."¹⁰⁶ The hospital lacked adequate lighting, making Mann's search for the bullet problematic. Once the sun began to set, mirrors were used to direct the remaining sunlight into the operation room. Mann discovered that the bullet tore through the walls of McKinley's stomach, but he was unable to locate it. He concluded that the bullet must have lodged in McKinley's back muscles, and he dressed the wound and sewed up the holes in the President's stomach. While the inadequate lighting proved difficult, Miller remarked: "The greatest difficulty was the great size of President McKinley's abdomen and the amount of fat present... This necessitated working at the bottom of a deep hole, especially when suturing the posterior wall of the stomach."¹⁰⁷ After the operation McKinley was moved to the Milburn House and it seemed as though the President might recover.¹⁰⁸

Like Lincoln and Garfield, the shooting of McKinley caused great alarm throughout the country. Upon hearing the news, Vice President Theodore Roosevelt rushed to Buffalo to see the President and inquire as to his condition. Attending surgeon, Dr. Charles McBurney, was assigned to release bulletins to the public notifying them of McKinley's condition. The bulletins McBurney and the physicians released were hopeful, and so optimistic regarding a

¹⁰⁵Miller, 313.

¹⁰⁶Ibid, 312.

¹⁰⁷Ibid, 314.

¹⁰⁸ Ibid, 316

recovery that most of McKinley's staff and Cabinet returned home. Roosevelt said: "You may say that I am absolutely sure the president will recover."¹⁰⁹ He did not take any proactive measures of his own during McKinley's incapacitation. It is no doubt puzzling why McKinley's doctors had such a favorable outlook towards a recovery—gunshot wounds to the abdomen during this time period were almost always fatal, and most patients died of infection. McKinley biographer, Margaret Leech, was critical of the physicians' assurances and stated:

It is difficult to interpret the optimism with which the President's physicians looked for his recovery. There was obviously the most serious danger that his wounds would become septic. In that case, he would almost certainly die, since drugs to control infection did not exist ... Dr. McBurney was by far the worst offender in showering sanguine assurances on the correspondents. As the only big-city surgeon on the case, he was eagerly questioned and quoted, and his rosy prognostications largely contributed to the delusion of the American public.¹¹⁰

While it seemed McKinley was recovering, his condition sharply declined. Gangrene had developed along the wall of the bullet's path and McKinley was slowly suffering from blood poisoning.¹¹¹ Once it was realized McKinley's death was eminent, the Cabinet summoned Roosevelt to return quickly to Buffalo. On September 14, 1901, McKinley died and Theodore Roosevelt would become the twenty-sixth president of the United States. At the age of 42, he would become the youngest president in American history and would for the first time, greatly expand the office of the presidency to bring about social reforms and expand U.S. influence on the world stage. McKinley's death would bring about changes other than policy—shortly after Roosevelt's ascension to the presidency, the Secret Service was used to provide security and protection of the president—a service that exists to the present day. While the powers and duties greatly expanded after the death of McKinley, the powers and duties of the

¹⁰⁹Ibid, 316.

¹¹⁰Leech, 599.

¹¹¹Miller, 319.

vice presidency would be weak and mostly undefined until the mid-twentieth century. Richard Nixon would be the first vice president in the twentieth century to act in the place of a President, when he did so for President Eisenhower during a health crisis.

CHAPTER 5

CONCLUSION

Illness and disability in the American presidency have attracted the interest of scholars over the past sixty years, but they have directed the attention mainly toward the twentieth century, or what we know as the period of the modern presidency. There are reasons for this; as the burdens and duties increased for the president, there became an even stronger need for a president to remain healthy and vigilant. During the era of increased U.S. involvement in international affairs and conflicts with other nations, the presidency expanded its power in formulating and implementing policy, and the public accepted this role for their president. Along with these increased responsibilities, a healthy president would become vital to make sure policy would be conducted in an efficient manner. Presidential illness could be seen as a threat to national security – especially in a period of a national emergency where a quick decision would need to be made.

Given these concerns, a vast amount of scholarship was dedicated to this issue. Scholars such as Robert Ferrell looked at the historical problem, while scholars such as John Ferrick examined the consequences of presidential health in the future. While both types of studies have provided a significant understanding of the subject, they fall short in understanding the overall history of presidential health, and secondarily, of the role and influence of the vice president when a health crisis occurred. Presidential health has been an important concern since the beginning of the United States. Illness and death of presidents and vice presidents have seized the concern of the Nation, and in some cases, have led to policy changes. Eventually they brought the adoption of the Twenty-Fifth Amendment to the Constitution.

These changes did not only occur in the twentieth century, instead, changes were gradual, and sometimes sudden. After the death of William Henry Harrison, the nation witnessed rapid change as John Tyler asserted he was the new president and forever established the precedent of a transfer of power to a vice president in the event a president were to die in office. Change also occurred due to the health and influence of the vice president after James Garfield's disability and eventual death in office. Chester Arthur addressed Congress on the issue and requested legislation to provide a remedy of increased vice presidential duties if a president were to become disabled. Congress failed to act on Arthur's proposals, but it would eventually act during the next administration after the death of vice president Thomas Hendricks. Instead of dealing with disability, the issue of presidential succession was addressed in case of the death of the president, followed by the vice president with the Presidential Succession Act of 1886.

As the historiography of presidential disability suggests, actual scholarship did not look seriously into the subject until after the death of Franklin Roosevelt, and changes in policy toward the issue would not be seriously addressed until after the death of John Kennedy in 1963. While the deaths of Roosevelt and Kennedy were major game changers in fueling the debate and eventual change in policy dealing with disability and death in the presidency, they were not the true beginning of the argument; the issue of presidential death and disability has been a concern since our country's founding. Prolonged illness and death were surprisingly frequent in the nineteenth century, and questions were addressed and sometimes actions were taken to deal with an ill president. Thus, the issue of presidential health and disability can only be completely understood by looking at the entire history of the presidency, not limiting concern to the twentieth century and beyond.

Works Cited

- Ackerman, Kenneth D. *Dark Horse: The Surprise Election and Political Murder of President James A. Garfield*. New York: Carroll and Graf Publishers, 2003.
- Algeo, Matthew. *The President is a Sick Man: Wherein the Supposedly Virtuous Grover Cleveland Survives a Secret Surgery at Sea and Vilifies the Courageous Newspaperman who Dared to Expose the Truth*. Chicago: Chicago Review Press, 2011.
- Barker, Geoffrey. "Fears on Reagan's Health." *The Advertiser*, December 19, 1986.
- Bayh, Birch. *One Heartbeat Away: Presidential Disability and Succession*. Indianapolis: The Bobbs-Merrill Company, Inc., 1968.
- Billups, Andrea. "McCain Backers Combat Age as Issue in Campaign." *The Washington Times*, April 28, 2008: A01.
- Connolly, Michael J. "I Make Politics my Recreation": Vice President Garret A. Hobart and Nineteenth-Century Republican Business Politics." *New Jersey History*, 2010: 125, 1, 20-39.
- Dalton, Kathleen. *Theodore Roosevelt: A Strenuous Life*. New York: Alfred A. Knopf, 2002.
- "Death of President McKinley." *Journal of the American Medical Association*, 1901: 779-787.
- Doenecke, Justus D. *The Presidencies of Jame A. Garfield and Chester A. Arthur*. Lawrence: University of Kansas Press, 1981.
- Feerick, John D. *The Twenty-Fifth Amendment: It's Complete History and Applications*. New York: Fordham University Press, 1992.
- Ferrell, Robert H. *The Dying President: Franklin D. Roosevelt 1944-1945*. Columbia: University of Missouri Press, 1998.
- Ferrell, Robert. *Ill-Advised: Presidential Health and Public Trust*. Columbia: University of Missouri Press, 1992.
- Freeman, Douglass Southall. *George Washington. Volume VI, Patriot and President*. New York: Charles Scribner's Sons, 1954.
- Gilbert, Robert. *The Mortal Presidency: Illness and Anguish in the White House*. New York: Basic Books, 1992.
- Goldman, Arnold S., Schmalsteg, Elisabeth J., Freeman, Jr, Daniel H., Goldman, Daniel A., Schmalstieg, Frank C. "What was the Cause of Frankin Delano Roosevelt's Paralytic Illness?" *Journal of Medical Biography*, 2003: 232-240.
- Gould, Lewis L. *The Presidency of William McKinley*. Lawrence: The University of Kansas Press, 1980.
- . *The Spanish American War and President William McKinley*. Lawrence: The University of Kansas Press, 1982.
- Greenstein, Fred I. "Change and Continuity in the Modern Presidency." In *The New American Political System*, by Anthony King, 45-85. Washington D.C.: American Enterprise Institute, 1978.
- Holcombe, John W. Hubert M. Skinner. *Life and Public Services of Thomas A. Hendricks with selected Speeches and Writings*. Indianapolis: Carlen and Hollenbeck, 1886.
- Horner, William T. *Ohio's Kingmaker: Mark Hanna, Man and Myth*. Athens: Ohio University Press, 2010.
- Howe, George Frederick. *Chester A. Arthur: A Quarter-Century of Machine Politics*. New York: Dodd, Mead, And Co., 1935.
- Jeffers, H. Paul. *An Honest President: The Life and Presidencies of Grover Cleveland*. New York: William Murrow, 2000.

Josephson, Emanuel M. *The Strange Death of Franklin Roosevelt*. New York: Chedney Press, 1948.

Leech, Margaret. *In the Days of McKinley*. New York: Harper, 1959.

Lubit, Roy. "Review: Hidden Illness in the White House by Kenneth R. Crispell and Carlos Gomez." *Association for Politics and the Life Sciences*, 1991: 300-301.

Magie, David. *Life of Garret Augustus Hobart: Twenty-Fourth Vice-President of the United States*. New York: G.P. Putnam's Sons, 1910.

Marx, Rudolph. *The Health of the Presidents*. New York: G.P. Putnam's Sons, 1960.

Millard, Candice. *Destiny of the Republic: A Tale of Madness, Medicine and the Murder of a President*. New York: Doubleday, 2011.

Miller, Scott. *The President and the Assassin: McKinley, Terror, and Empire at the Dawn of the American Century*. New York: Random House, 2011.

Morgan, H. Wayne. *William McKinley and His America*. Kent, Ohio: Kent State University Press, 2003.

Nevins, Alan. *Grover Cleveland: A Study in Courage*. New York: Dodd, Mead, and Co., 1932.

Owen, David. *In Sickness and in Power*. London: Methuen, 2009.

Peskin, Allan. *Garfield*. Kent, Ohio: Kent State University Press, 1978.

Poff, Richard H. "Review: From Falling Hands: The Story of Presidential Succession. by John Feerick." *Columbia Law Review*, 1967: 400-403.

Rauchway, Eric. *Murdering McKinley: The Making of Theodore Roosevelt's America*. New York: Hill and Wang, 2004.

Reeves, Thomas. *Gentleman Boss: The Life of Chester Alan Arthur*. New York: Alfred A. Knopf, Inc., 1975.

Richardson, James. Ed. *A Compilation of the Messages and Papers of the Presidents*. Washington D.C.: Government Print Office, 1898.

Rosenbaum, David E. "White House Disputes Assentation of Reagan Frailty after Shooting." *New York Times*, September 29, 1987.

Silva, Ruth C. *Presidential Succession*. Ann Arbor: University of Michigan Press, 1951.

Smith, Jean Edward. *FDR*. New York: Random House, 2007.

Summers, Mark Wahlgren. *Rum, Romanism, and Rebellion: The Making of a President 1884*. Chapel Hill: The University of North Carolina Press, 2000.

The American President. Videorecording, New York: PBS Home Video, 2000.

The Presidents. Videorecording, New York: History Channel Home Video, 2004.

Time Magazine. "The Press: Counter Fire." May 2, 1949.

Wilber, Ray Lyman. Charles Miner Cooper. "President Harding's Last Illness." *Journal of the American Medical Association*, 1923: 603.

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