

Janet G. Travell Oral History Interview – JFK#1, 01/20/66
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Biographical Note

Physician to John F. Kennedy [JFK] (1955-1963); White House physician (1961-1963). In this interview, Travell discusses JFK's health before and during his presidency, among other issues.

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Janet G. Travell, M.D.
Janet G. Travell, M.D.

December 26, 1974
Month, Day, Year

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January 14, 1975
Month, Day, Year

Janet G. Travell – JFK #1

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Oral History Interview

with

JANET G. TRAVELL

January 20, 1966
Washington, D.C.

By Theodore C. Sorensen

For the John F. Kennedy Library

SORENSEN: Dr. Travel, when did you first meet John F. Kennedy?

TRAVELL: Senator Kennedy came to my office on May 26, 1955. He came to 9 West 16th Street in New York City. He was brought there by Dr. Ephraim Shorr who came with him. He was an endocrinologist in a New York hospital and had taken care of Senator Kennedy over a period of years in relation to his problem of adrenal insufficiency. He had managed this problem at the time of his back operation in the hospital for special surgery by Dr. Philip D. Wilson on October 21, 1954, at which Dr. James A. Nicholas had assisted. He came to my office on this Memorial Day weekend after a six-month leave from the Senate. He had been recuperating in Florida, had just returned to Washington, and by telephone arrangements he came to New York to see me.

He was thin, he was ill, his nutrition was poor, he was on crutches. There were two steps from the street into my office and he could hardly navigate these. His major complaint was pain in his left low back with radiation to the left lower extremity, so that he couldn't put weight on it without intense pain. But he also had an old football injury to his knee -- to his right knee which was, at that time, very stiff and painful. He could walk on the level putting his weight on his right leg, but he couldn't step up or down a step with his right foot. We could hardly get him into the office which had two steps to navigate.

SORENSEN: He came to see you chiefly about his back and leg? How often did you see him thereafter?

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TRAVELL: On this afternoon, we spent two or three hours reviewing his history, what had been done in the past, making a complete examination, and considering what could be done in the future. I took the problem of the right knee to see what might be done. Following surgery on a knee, there is often a great deal of residual muscle spasm which responds very quickly in its end stage, or years afterward, to the application of a cooling spray with gentle passive stretching of the muscles that have been shortened.

By the use of a vapocoolant spray, in a matter of fifteen or twenty minutes, I had increased the range of motion at the right knee joint, flexion being very limited -- that is, bending of the knee. I had increased it by about 50 percent, and I think this impressed him very much. This was a very dramatic demonstration of the role of the muscle spasm in the disability of this particular joint. He said, "Please, can you get a room reservation at the New York Hospital? I will go from here." We did that and he was admitted to the New York Hospital at that time, that afternoon, for the first time. He remained there over the holiday weekend and was discharged on June 1. In the hospital we did a variety of tests and undertook treatment of his back -- the muscle spasm in his back -- by local procaine or novocaine injection of trigger points.

You asked me how often I saw him. The next time was about the middle of July. He had called and asked if I could take care of him over the 4th of July weekend. I had said, yes, but then he made other plans, so I saw him again on July 15. I saw him a few times during the end of July and, I think, into the first week of August. Then he went to Europe. He had improved notably by that time and I didn't see him again until he was back from Europe -- I believe in October of 1955. I saw him two or three times during October and early November.

SORENSEN: Now, were these meetings at your office?

TRAVELL: Generally. I also went to see him occasionally at the Waldorf Towers and on two or three occasions, when it seemed as if it would be advisable to do some general health checks and tests to see how his general condition was faring, he would come in and spend two or three days at the New York Hospital instead of at the Waldorf or at his father's apartment.

SORENSEN: What was the matter with his back originally?

TRAVELL: That's a very interesting question. He asked me that quite a few times. When I saw him he had three operations on his back which he greatly resented. And all I would...

SORENSEN: You mean he resented the fact that he had to have them or resented the fact he had them at all?

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TRAVELL: Resented the fact that he had had them, that they'd been advised, and that they had seemed to only make him worse. They did run into complications. They ran into problems with staphylococcal infection and there was no doubt but what, in my mind, that the operation in a special surgery in October, 1954 made him worse. As I saw him, with scar tissue and recurring infection and other problems of his back, the presenting complaint was widespread muscle spasm. It was very difficult to reconstruct by hindsight what might have happened to him over the years.

I would like to say at this point, what I have never said before, what I really thought had happened to his back. That was that he was born with the left side of his body smaller than the right; the left side of his face was smaller; his left shoulder was lower. I have reviewed pictures of him when he was at Harvard and in his childhood and in standing straight it can be seen his left shoulder is always lower and his leg was appreciably shorter. This was apparently always true, this disparity in the length of the lower extremities. This was true all his life, and not just following the surgery in my opinion. A difference in the leg length at the hip joint of one-quarter inch will produce a tilting of the shoulders, a dropping of one shoulder usually of about one inch. This is the seesaw movement.

One of the first things I did for him was to institute a heel lift -- a correction for the difference in leg length which on the outside of the shoe was approximately five-sixteenths to three-eighths of an inch -- slightly over a quarter of an inch. Later on, we built this up a little bit more since this was an undercorrection of the difference in the beginning. We built this up a little more by a small felt lift on the inside of his shoe which probably added an eighth of an inch or three-sixteenths of an inch more correction.

A disparity in the length of the lower extremity, one leg being longer than the other, produces a tilting of the sacrum and the pelvis. The major mechanical distortion is in the sacroiliac joint. I believe that when he began to have his earliest attacks of back pain that these were due to left-sided sacroiliac joint strain.

SORENSEN: Did he tell you how early he had the back pain?

TRAVELL: He had it in college. He had a football injury, he said, at Harvard.

SORENSEN: To his back?

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TRAVELL: To his back.

SORENSEN: Did you find any evidence of an old football injury to his back or did he know anything about that injury?

TRAVELL: The Harvard student health record, I believe, does show that he had complained of back injury at that time.

SORENSEN: Now was his back injured in the war?

TRAVELL: Oh, yes. Of course when the PT-boat exploded, he incurred a second severe back strain.

SORENSEN: Not a muscle spasm.

TRAVELL: I think he incurred both muscle strain and low back joint strain. The very extraordinary physical exertion that he put into the swimming and the towing of his crewmates, and later, his swimming out and searching for help produced tremendous muscular strain -- overuse of the muscles under conditions of poor nutrition, lack of vitamin C, lack of all kinds of things. And this was a very severe strain to his back.

SORENSEN: Were the two operations, although somewhat of a different nature, both related to a disc problem?

TRAVELL: The surgical operation at the Chelsea Naval Hospital was in 1944 or 1945. I have read this record and it's a very short record, about a page or a page and a half long. It says that he was operated on for a ruptured intervertebral disc on the left side at the lumbar level, but it really doesn't say whether they ever found it or not.

SORENSEN: Oh, I see. And what about the operation in the Hospital for Special Surgery? That was a fusion...

TRAVELL: This was a lumbar fusion operation. This was an attempt to stabilize the spine by means of a bone graft and a metal plate. The wound became secondarily infected. It didn't heal. I believe that you yourself had a look at it. I didn't at that time. What did you see in that period when he was writing *Profiles in Courage* and you were down in Palm Beach?

SORENSEN: Yes. He had an open, gaping, very sickly looking hole.

TRAVELL: It was secondarily infected and the metal plate had to be removed in February, 1955. He then went back to

Palm Beach. When I saw him in late May I was told that this had really only very recently completely healed.

SORENSEN: What other...

TRAVELL: Have I answered your question as to what I think happened originally?

SORENSEN: Yes, you have indeed. Yes, I think that's important. Without going into all the medical details, could you give some idea of what you prescribed, not simply by way of medicine but by way of activity that might have affected his later life as an individual and as a politician and as a public official?

TRAVELL: Well, I dealt with a great many factors that might come under the heading of environmental health which has to do with the main support of the low back and our sedentary existence, that is, the chair and its relation to a desk or a table. I have been interested in this for a long time and have worked in the field of industrial seating. I have never allowed my name to be used in connection with any project that I have worked on, but perhaps I might say at this point I've worked with Consolidated Vultee and designed the seats for the Convair many years back. These were thought by many the most comfortable airplane seats at that time. I worked with Hyster Trucking; with Crane Plumbing Company on toilet seats; John Deere and Company, designed their current tractor seat and worked with them for several years. Not long before I came to the White House I was working with Lockheed on the seating for the Electra which is in current use. I was really very fortunate in having a special understanding of the problems of human engineering in relation to seating design.

We had from the beginning in 1955 at President Kennedy's request -- Senator then -- at his request, measured him and checked the kind of chairs in which he was comfortable and redesigned some of his household furnishings. People have often asked me about the rocking chair. I had one in my office at 9 West 16th Street. He sat in it and he said, "This is so comfortable, why can't I have one of these?" I said he could. When he was in New York Hospital he asked if he couldn't have one in his room, so I brought one up. Whenever he would stay there he had one in his room at the New York Hospital.

SORENSEN: The rocking chair, of course, became somewhat of a symbol in the White House and very famous. Did you also recommend the kind of mattress he would sleep on?

TRAVELL: Yes. I recommended the kind of mattress. We had plain hair mattresses made which were quite tightly tied and quite firm. We had a heavy bed board installed underneath the mattress. The hair mattresses were made to fit the airplanes -- Air Force One. There were two beds in the Air Force One.

The First Lady, Mrs. Jacqueline Kennedy, had one kind of mattress and he had another. I saw a statement that he had special mattresses made out of white horses' tails -- Argentinian white horses. Of course this wasn't so. The fact is that he was extremely allergic to horses and horsehair. We didn't use horsehair in his mattresses; we used cattle tail hair which was of a light blonde color as a rule. And I think this might have given rise to the story if somebody actually had a look inside one of these mattresses and saw that it wasn't black as we think of a horsehair mattress. These were mainly cattle tail and not horsehair mattresses.

When I came to the White House concerning his bed in the bedroom on the second floor, this was the type of thing that we were doing. You asked about problems of the environment and so I mention this in connection with the mattresses. There was a very heavy carpet, rug, in this bedroom which was not wall-to-wall carpeting -- it lacked about six inches from the wall all the way around. It had a very thick pad under it, the net thickness being perhaps one and a half inches or more of lift. At the head of the bed the legs were off the carpet and at the foot of the bed the legs were on the carpet, so that he actually slept in a downhill position. He found that sometimes when he woke up his face was a little puffy or his eyes were a little puffy in the morning. We made blocks that were three inches high out of wood and put them under the legs at the head of the bed so that we corrected the downhill slope and added about a one inch lift. After this his eyes weren't puffy early in the morning when he got up. It was a simple matter of gravity and fluid accumulation. This is something that also happens to other people.

SORENSEN: Let's go back to the years between 1955 and the end of 1960, the years when he was a Senator and a presidential candidate. In addition to his back for which you saw him at regular intervals, were you concerned with other Kennedy medical problems, that is, of Senator Kennedy? Maybe you should just list some of his overall medical problems to begin with.

TRAVELL: Well, the major one was the problem of allergies. He had inhalant allergies and he had food allergies. He loved dogs and one Christmas, it might have been 1956, he gave Jackie a dog for a Christmas present. They stayed in his father's apartment at 277 Park Avenue. There were twin beds, and the dog slept on a heavy rug between the two beds. In New York, the Senator had severe attacks of asthma for which he was referred to Dr. Anne M. Belcher, a nose and throat physician at the New York Hospital to whom he was completely devoted. She used to even come down to the White House in Washington to see Mrs. Jackie Kennedy and the President. They finally gave the dog away and he was given antihistamines and Isuprel sublingual tablets and a Mistometer and

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so on, to control the asthma. He improved, but whenever he returned to New York City and stayed in his father's apartment, for a period of time afterwards, he developed an attack of asthma.

SORENSEN: The asthma was caused by the allergies?

TRAVELL: Yes, by the dog hair which lay in the rug where the dog had been sleeping for a few days. I finally got them to get in professional household cleaners who took down the drapes and took up the rugs and washed the walls and sent everything out. After that when he came to New York and stayed in the apartment, he no longer had asthma.

One night when he was at New York Hospital for treatment of his back, I gave him a pass to go out to dinner. He went to a friend's apartment and they happened to have a dog. He came back to the hospital to sleep and during the night he had a severe attack of asthma which frightened the New York Hospital house staff very much. This was a problem that became a diplomatic problem in a number of foreign embassies that he visited where it was requested that a dog not be present in the area when the President was there because he had such acute allergies to dog hair. But even when the dog was removed, the dog hair remained and caused him trouble.

He never had asthma while he was in the White House after he became President. That may have been because we had better control of his environment and also because I had arranged for Dr. Paul F. de Gara to make an autogenous vaccine from his environment, and I'll explain that, in the White House. He received weekly or bi-weekly injections of increasing doses of vaccine to combat his inhalant allergies for a long period of time. What I did was to request that a clean bag be put in the vacuum cleaner and then his bedroom and hallas and the area where he lived and slept be vacuumed. The shoebox full of dust was given to me which I sent to Dr. de Cara in New York. This contained household dust and bits of camel hair from the throw rugs and the dog hair from "Charlie" and other pets. I believe that this hyposensitization course helped him a great deal. We were never able to do that before he came to the White House because it had to be done on a regular basis under observation and he was always hither and yon.

SORENSEN: In other words, the dog hairs were not the only inhalant allergy that he had.

TRAVELL: He was extraordinarily sensitive to horsehair and horse dander. Dr. de Gara tested him for many things. He went to a horse show in Washington one night, only once. He had to leave in the middle of the horse show and this caused considerable comment in the newspapers, but he could not remain in the

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arena without developing acute symptoms. He could be around horses out of doors and seemed not to...

SORENSEN: Dogs also?

TRAVELL: Some dogs, not all dogs. It depended on how much their fur shed, perhaps.

SORENSEN: Anything besides dogs and horses that he was allergic to?

TRAVELL: Well, there were food allergies.

SORENSEN: But those were the two chief inhalant allergies.

TRAVELL: And house dust.

SORENSEN: And house dust.

TRAVELL: And house dust. As I have said what we did was to make up a vaccine. We call it an autogenous household dust vaccine made from a sample of his own environment. I believe that this course of vaccine therapy was of inestimable benefit to him. Prior to that time he had not only asthma, but following exposure and congestion of the mucous membranes in the nose and throat he would develop head colds and sinus trouble.

I remember a number of occasions when he had acute sinusitis during the period before he came to the White House. One was in the summer of 1960 during the campaign. He had a lot of difficulty after the convention. He went to see Mrs. Roosevelt [Eleanor Roosevelt] at Hyde Park, I think in August, and on a Sunday he drove through New York. I had set up to have an x-ray and drew blood for tests for the laboratory. Presumably he'd gone to 277 Park Avenue, but we did a really very complete checkup. He had acute sinusitis at that time which responded extremely well to antibiotics. He was never sensitive to drugs like penicillin. Most of the organisms that caused him trouble in the upper respiratory tract were penicillin sensitive.

SORENSEN: Well, you and I know that he was very concerned that people would think him to be sickly and that's why, as you suggest, on this occasion in the summer of 1960 he made other people -- he let people assume he was going to 277 Park Avenue when actually he was going to a doctor's office.

TRAVELL: Right. He didn't tell anybody any lies.

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SORENSEN: No. Now could you give other examples where he made it, if not lies, at times he stretched the truth about that a bit, at least concealed what was actually going on in relation to his health?

TRAVELL: Oh, yes. When he was in New York Hospital -- he was in seven or eight times for two or three days or nights, the last time being in October, 1957. I believe the end of September to the first of October, and we could come back to that. When he first came in, the Public Relations Department and the superintendent

of the hospital said, "I suppose we're going to have to put an extra switchboard operator on. I said, "No, I don't think so." I told Senator Kennedy that if he didn't tell anybody that he was in the hospital and didn't have visitors coming, that I would put an assumed name on his door, because people walk up and down a hospital corridor looking for their friend or relative in a room, and they have to read the names on the doors. This was my idea, not his. And I would have the nurse take his chart off the wallboard, and put it in a drawer, and lock it up, so that the doctor who comes in and is looking for the patient in room 1215 doesn't have to look at the names on six or eight charts. I think that we never had a call from the press -- or only one or two perhaps when he was actually a patient in the New York Hospital. This was a very simple matter to put an assumed name on the card on the door and we kept his chart out of sight.

SORENSEN: Let's get back to the listing of other medical problems. What would you say in addition to the asthma and allergies?

TRAVELL: When he was first hospitalized in May of 1955, I found that he had a low basal metabolic rate of about minus 20, a high cholesterol running about 350 and a borderline protein-bound iodine, let me say, which is usually an additional guide to thyroid function. The PBI test was not reliable because of the previous use of radio-opaque iodine. We have newer tests since then that would have helped us then.

SORENSEN: He had taken radio-opaque iodine?

TRAVELL: No, this is for x-ray examination.

SORENSEN: Oh.

TRAVELL: It is given to outline soft tissues in a variety of situations. I put them, with Dr. Shorr's consent, on a new thyroid preparation, triiodothyronine -- marketed under the name of Cytomel. I did this because it is the end-product of the main thyroid hormone, thyroxine, and the one which

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the skeletal muscles use. It is the form in which the skeletal muscles use the national thyroid hormone. If thyroxine which is mainly elaborated by the thyroid gland is put into a Warburg apparatus and incubated with skeletal muscle, just in a mixture, what is recovered is T-3 or triiodothyronine. In other words, the muscle has to convert the product of the thyroid gland into something else by removing one atom of iodine. The triiodothyronine is the form in which the thyroid hormone is used by the muscles. It was my experience that in problems of long-standing muscle spasm in the presence of what appeared to be a hypothyroid state. The whole condition is greatly benefitted by the administration of Cytomel.

Thyroid hormone is contra-indicated in the presence of adrenal insufficiency because it raises metabolism; it increases the demand of the tissues for adrenal hormone and so in the

presence of adrenal insufficiency thyroid medication is considered to be contraindicated. We started with a very small dose and we built it up to 50 micrograms a day. We ran it up as high as 100 micrograms a day and this was not excessive. And we decided on a level of 50 micrograms a day, 25 given morning and evening. This was continued throughout, from the time I first saw him until the time of his assassination. Without it, I believe he would have not have had the fine recovery of muscle strength and nutrition which he showed. This we began in 1955.

We compensated a little bit, in terms of the adrenal insufficiency, by increasing his adrenal corticosteroid damage. I also added ascorbic acid in what was thought to be a larger dosage than could possibly be needed -- 500 milligrams once or twice a day. As time has gone on this has been fully -- this concept of the need for ascorbic acid under conditions of stress for top muscular performance has been supported by many studies. In the military it has been recommended that men in the Arctic, men under unusual physical stress, during conditioning be given a minimum supplement of ascorbic acid of 300 milligrams a day, or more.

SORENSEN: Now let me make sure I understand the point about the thyroid. Did he have a thyroid insufficiency?

TRAVELL: Yes.

SORENSEN: You mentioned something about hyperthyroid condition.

TRAVELL: Hypo...

SORENSEN: Oh, hypo.

TRAVELL: Hypo, not hyper.

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SORENSEN: Oh, I see. Now was the thyroid insufficiency, do you think, the result of his muscle stress? Or, it could have been a cause of it. Or, do you think it had some other origin, or is that known?

TRAVELL: I don't know the answer to that question. I know that people who have underactive thyroid function or hypothyroidism, that the vast proportion of them are extremely subject to persistent and recurring attacks of skeletal muscle spasm -- painful and disabling. There was a period when I became interested in this field, when it seemed to me that seventy-five percent of the patients whom I saw were hypothyroid. This was the most commonly overlooked finding in the person whom I saw with recurring attacks of painful muscle spasm. As time has gone on, in the last ten or fifteen years, I think physicians have become more aware of this. It's extremely unusual to see this type of thing in patients who are hyperthyroid. Not all hyperthyroid people are fat and

mentally sluggish and overweight. Most hypothyroid people are not able to eat a great deal of food without gaining weight, but if they drive themselves sufficiently they may expend the calories in muscular energy; and, I think in the presence of continuous muscle spasm -- which is muscle work -- large segments of muscles of the body may actually burn up calories to an extent which you don't appreciate because the individuals are not actually playing tennis or running track or something like that. Muscles work all the time even when those people sit.

SORENSEN: Yes. I think you would agree that Mr. Kennedy had unusual natural vitality and drive and energy. He was not dependent upon the drugs he took.

TRAVELL: Oh, heavens no. This was long before he...

SORENSEN: Apparently he was -- he had it without having a...

TRAVELL: And if he hadn't had this, he would have sat quietly and looked hypothyroid, but actually he *looked* hyperthyroid because he had such tremendous intellectual drive. The hypothyroidism that is acquired young and is a lifetime process is much more likely to be accompanied by mental lethargy and sluggishness than the impaired thyroid function which occurs late in adult life due to some other kind of stress.

SORENSEN: Let's take up the adrenal insufficiency itself. What can you say about that?

TRAVELL: Of course this was something that he didn't wish to talk about. At the time that the diagnosis was made, which was soon after the war in England, it was practically a death sentence. About that time we began to have available the adrenal

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hormones which completely changed the picture. When I first knew him he was receiving a monthly injection of desoxycorticosterone acetate... trimethylacetate, a long-acting steroid adrenal hormone known as DOCA for short.

SORENSEN: Do you take that by mouth?

TRAVELL: No, this was given by injection and was given approximately on the first of the month each month. Before that, he took cortisone by mouth. Subsequently we acquired new hormones, meticorten, and the fluoro-hydrocortisone derivatives or the gluco-corticosteroid compounds. This was during the course of the time when I knew him. This was perhaps 1957, and he was one of early people who received the benefits of the nine-alpha-fluoro-corticosteroid compounds which could be taken by mouth. At that time the replacement therapy by mouth for adrenal

insufficiency was so complete that women with frank Addison's disease, classical Addisonians, could have children. They could undergo pregnancy. In the management of breast cancer and certain other malignancies, the choice of treatment included the removal of both adrenal glands; therapy by hormones of the adrenal glands was so complete a replacement for what the glands themselves would make, that a person could be maintained in 100 percent perfect health.

The confusion of terms in physicians' minds was that Addison's disease, as it was originally described, usually was the result of tuberculosis of the adrenal glands. It occurred quite young and was accompanied by gross pigmentation of the skin, easily recognized, and it was pretty uniformly fatal. In this age of magical new discoveries in medicine, Senator Kennedy was one of the chief beneficiaries. He never had any evidence of tuberculosis in the spinal operations at the Hospital for Special Surgery. All kinds of tests were done for tuberculosis: guinea pig inoculation, and so on. People with Addison's disease often have tuberculosis of the spine together with tuberculosis of the adrenal glands. You were going to ask...

SORENSEN: Well, you and I have both, over the years, been engaged in this discussion as to whether he had Addison's disease. The standard answer was he did not have classical Addison's disease; he did not have tuberculosis of the glands, the brownish pallor and all the rest. But now that this is all over, and just for a secret historical record, would you say it is fair to say, in the commonly understood medical term, that he had Addison's disease?

TRAVELL: The term Addison's disease has been extended at the present time to include all degrees of adrenal insufficiency and all causes of adrenal insufficiency. So that I would say yes to your question. At the present time, the broader meaning of this diagnosis would now cover his condition, although even fifteen years ago it would not have.

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SORENSEN: Does this condition, or did this condition in Mr. Kennedy's case raise dangers or other problems or implications in addition to the cortisone and other medications he would have to stay regularly with?

TRAVELL: No... no. Do you mean was the administration of the steroids...

SORENSEN: In other words, did it make his surgery more dangerous? Did it make a cold or other respiratory disease more dangerous?

TRAVELL: Well, it did in 1954 because in 1954 we didn't have perfect replacement. The newer corticosteroid hormones were discovered subsequent to 1954. When he was in New York Hospital in the fall of 1958 and had some work done, some surgical procedure on his back...

SORENSEN: '58 or '57?

TRAVELL: '57, excuse me -- in the fall of '57. We didn't have that happening because we had new therapeutic materials that would fully protect him against the hazards of surgery. It required...

SORENSEN: In other words, once these new materials were developed, his adrenal condition was really not a very serious one.

TRAVELL: That's right. Surgeons go in and take both adrenals out and are not worried about doing it. A patient has perfect replacement therapy by mouth and goes about his business and does everything and is fully active. The women may even have children.

SORENSEN: Do you think that he was as sensitive about this issue, as he obviously was, because of the fear that Addison's disease would be interpreted by the general public as dangerous, if not fatal malady?

TRAVELL: Exactly. Physicians and the public were not aware of the change in the management and the change in the prognosis of adrenal insufficiency which occurred in this short span of time.

SORENSEN: What is your theory as to how the adrenal insufficiency was caused?

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TRAVELL: One of the common things that happens is hemorrhage under conditions of stress, hemorrhage into the adrenal glands. Ascorbic acid is a vitamin which prevents abnormal fragility of the capillaries. If a person is really low in ascorbic acid, they have scurvy. They have bleeding phenomena and easy bruising. I can picture that following the PT-boat explosion and his period on the Island that he really was very low in ascorbic acid intake. This would favor easy rupture of blood vessels.

The adrenal cortex is the tissue which has the highest concentration of ascorbic acid of any tissue in the body. In animals under stress -- if rats are put in a cage and made to run -- and the function of the adrenal cortex is to be measured -- they don't have to do quantitative determinations of the adrenal gland for the hormones. They can simply do a quantitative determination for ascorbic acid. The level of ascorbic acid in the blood and in the tissues parallels the function of the adrenal cortex.

I think that this adrenal insufficiency was a condition which started following the extreme stress in the Pacific. Malaria has also been known to cause lesions in the adrenal cortex. It has been reported similarly for histoplasmosis, a parasitic infestation -- a number of things could have happened in the Pacific to cause serious injury to the adrenals.

The commonest cause of adrenal insufficiency at the present time is the administration of adrenal cortex hormones. Once a person has been put on a course of administration of corticosteroids for one reason or another, the function of the adrenal gland, of the cortex of the adrenal gland, may be suppressed permanently if this goes on long enough. It's extremely difficult to stop the administration of the steroids. The person has to be hospitalized and the dosage tapered off under close observation. Once a person has been put on this regimen, at the present time it is an easier and safer just to continue the supplement indefinitely in most people. Now the commonest cause of adrenal insufficiency is the administration of the corticosteroid hormones.

SORENSEN: Are there any other medical problems worth mentioning in this lists which Mr. Kennedy had?

TRAVELL: Well, of course when I first saw him he was extremely anemic. He was really anemic. He had impaired vibration sense which is indicative of peripheral neuritis. He has an ascending loss, that is, in relation to the length of the nerve fiber, which is characteristic of a vitamin B deficiency. The

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thiamine (vitamin B) deficiencies are accompanied by so-called neuromuscular irritability, with tendencies for muscle cramps and muscle spasm to occur, as is very often seen in pregnancy. Senator Kennedy was put on a course of vitamin B12, vitamin B1 and B-Complex injections. His blood count -- his hemoglobin and red cells -- did respond. The hemogram recovered.

SORENSEN: The anemia was brief.

TRAVELL: The anemia responded to treatment.

SORENSEN: Did he have it thereafter?

TRAVELL: No. It was not an iron deficiency type of anemia. It was a type of anemia that is seen in the vitamin B deficiencies, especially vitamin B12. He also received some vitamin B6 with this, which is another antianemic factor, although its need was not definitely established. In the beginning, this first couple of years, he ran an intermittently elevated sedimentation rate which is an index of recurring infection. He had in 1955, '56 and into '57 every now and then a chill, a spiking fever to 103 or 4 which would subside within twenty-four hours -- this occurred at long intervals of three or four months...

SORENSEN: What was this related to?

TRAVELL: It seemed in the beginning as if it were related to acute sinus infection. In

September, 1957 he developed a fever, back pain and redness and swelling along the midline scar of the lumbar region, at the site of the 1954 and 1955 surgery. He was at the Cape and Dr. Henry Niles called me from there. He had a pointing up of what looked like a localized abscess in the midline of the back in the scar. This proved to contain a virulent organism, coagulase positive staphylococcus aureus. In September, the middle of September, of 1957, he was admitted -- I admitted him -- to the New York Hospital and called in Dr. Preston A. Wade, a surgeon there, to take care of this problem. He had a localized abscess which may have been a stitch abscess. It may have been a small spicule of the bone graft that acted as a foreign body that never worked its way out in a period of over two and one-half years. It would be impossible to say. The abscess was drained. A wide incision was made. The bone was examined. New cultures were made for tuberculosis, all of them negative, and there was no evidence whatsoever of osteomyelitis (bone infection.) There was no evidence of tuberculosis. He was put on very large doses of antibiotics -- penicillin, streptomycin.

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The wound healed really very promptly. He left the hospital on October 1, stayed in New York two days and then went to the Cape. I saw him there on October 5, 1957. You were there.

SORENSEN: That's right, I remember.

TRAVELL: And you were starting off on a long trip through Canada and Nova Scotia. I went over the schedule with Senator Kennedy and tried to x-out one or two things every day so that he could get an hour's rest.

[SIDE II, TAPE I]

TRAVELL: I was looking over Senator Kennedy's schedule at the Cape before he took off on a series of speaking engagements with you, Ted, trying to get an hour or so in the afternoon so that he could get a little rest. I'm not sure that we ever did that. But he was not feeling well, he was discouraged. It was a cold and windy, chilly fall day on the Cape. The wound had almost healed in. Dr. Niles had come each day to change the dressing. I was at my wit's end to know what to do. I said, "You know, what you need is a real good hot tub bath." He looked at me and he said, "You know, I haven't been in the bathtub since I entered New York Hospital because of the wound in my back." And he said, "I can't go on with another great big gaping hole." I said, "You don't have a great big gaping hole in your back and there's no reason why you couldn't get right into a hot tub and soak." He looked at me as if he didn't believe me. I said, "You haven't seen what is there. It's been covered by the dressing. You've got a dressing on it." And I said, "I'm going to reach Dr. Wade in New York and he will tell you that there is no reason why you cannot get into a hot tub bath. It would do your back good, it would do you good, and it would do your muscles good." So I reached Dr. Wade -- I think this was a Saturday or a

Sunday -- and I reached him out on the golf course at a club on Long Island. I said, "Is there any reason why Senator Kennedy couldn't get into a hot tub bath?" We spoke a minute and the Senator's eyes brightened and he said, "Ask him, ask him if I couldn't use soap, too, could I?" So I put him on the line and he said yes he could get into a tub and could use all the soap he wanted. From that moment on things looked better. I never told you that.

SORENSEN: No, and it's very interesting.

TRAVELL: It was a cake of soap that saved the day and a hot tub bath that day.

SORENSEN: Well, I certainly know how much he enjoyed hot tub baths though. To be denied that privilege would have hurt him.

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TRAVELL: This he had been denied for about a month and it was the kind of day up on the Cape when what you really needed was for your muscles to get into a hot tub bath and soak.

At that point, also, we discontinued the antibiotics. He was taking them by mouth: oral penicillin and a less frequent dose of streptomycin by injection. This, I think, is depressing but he had it. The antibiotics may have depressed him too. Following this very intensive course of antibiotic therapy, these spiking chills and fever ceased and the last residue of back pain seemed to disappear. I believe that he had had chronic infection, a foreign body reaction in the soft tissues of the back, from the time the plate was removed in February, 1954 until September, 1957. Following this he played golf. He was in wonderful condition. He had very little difficulty. I only saw him once or twice in 1960 during the campaign. His main problem at that time was laryngitis and an attack, a flu-like attack followed by acute sinusitis in July and August. Until he reinjured his back on, I think, May 17, 1961 in the tree planting episode in Canada, from the time of the hospitalization at New York Hospital when this last residue of infection was controlled, he had a very fine period.

SORENSEN: And yet during that period, as you will recall, he maintained considerable secrecy about his health. You and I, at times, were given some responsibility for coordinating what health information would be given to the press.

TRAVELL: We were indeed.

SORENSEN: Could you comment a little on that?

TRAVELL: Yes. That time in '57 when he was hospitalized and this abscess drained, we tried to anticipate calls from the press. I tried to persuade him that we should just say he had a small abscess on his back. He said, "You know, that's a very ugly word. I don't want to have an abscess." So we compromised on a virus

infection. But we only had one call while he was in the hospital. We had one or two after he left.

He had had so much illness in his lifetime with the back injury, the knee injury, the allergies, the recurring infection. He had malaria in the Pacific, and he had a history of frail health. At least, people were impressed by this. And when I first knew him he really was ill. There wasn't any question of it and yet I believe that most of the time he had had good health. There were just quite a few episodes that received a lot of publicity and he didn't want health to be an issue. I thought then that his health would be more than

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adequate for him to carry the duties and responsibilities of the presidency, and indeed it was.

SORENSEN: Are there any other medical problems now, doctor, that we should discuss during this period?

TRAVELL: Well, there's the problem of exercise. He got more exercise through these latter two or three years before the campaign, and he resumed golf and swimming. He even played tennis. He got himself into much better condition through the fall of 1960 as president-elect. He would spend a lot of time playing golf. He'd play maybe seven or eight holes or nine holes, but he did it regularly, and he swam regularly.

When he went to the White House and was inaugurated in 1961, it was winter; cold, there was snow and there was no outdoor activity. Practically the only exercise that was accessible to him, readily accessible, was the White House pool. And he wouldn't use it. He didn't like it. It was drab. He wasn't accustomed to that type of swimming indoors. He didn't enjoy it. The staff used the pool. He invited me to use the pool. He didn't swim very much through this period.

After he hurt his back in May, he went to Europe, and came back and went to Palm Beach. He started that summer on a regular exercise program with Dr. Hans Kraus, which did him an inestimable amount of good. At that point he began to use the White House pool. His father did a very wonderful thing in having it redecorated and painted. I installed loudspeakers that could be heard in the pool so that records could be played from the gymnasium and music projected in the pool area. We locked the door to the outside and made a passageway through the gardener's section so that he could go through from the pool directly into the mansion without going out on the walkway outdoors. He came to greatly enjoy and use the White House pool. He would have his swim just before lunch and put on a beach robe and beach slippers and walk from the pool directly to the elevator and upstairs, not meet anybody, and rest and have his lunch. In the evening he could do the same thing, so that there was quite a change in his use of the pool. This type of exercise, together with Dr. Kraus's, regularly supervised by one of our navy chefs -- exercise for developing and strengthening special muscle groups in the legs and in the back -- did him a great deal of good.

You asked me about some other problem we might mention, and I think perhaps this is the last. That was his shoulder, and a problem with the neck. He had stiffness in his neck

muscles extending from the low shoulder. Owing to the difference in leg lengths, the left shoulder was appreciably lower than the right and this created stress

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and strain on the next muscles. I treated him several times for stiff neck and we worked a great deal of this stiffness out. He had also had a problem with his right shoulder which was muscular. At some point he had strained it and had treated that on a few occasions. After he went deer hunting with Lyndon Johnson in Texas, he came back with a painful right shoulder. I accused him of having injured it with the recoil of the gun, but I couldn't get him to admit that. Every spring before he went to throw out the baseball for the opening of the baseball season, he would come in and have me check his right shoulder. I saw some notes the other day from March, 1963, when he came by and wanted me to be sure that his shoulder was in A-1 condition to throw out that ball. But this was a very minor problem.

SORENSEN: One of the areas we've touched on briefly, but not specifically, relates to his stomach, his digestion, his nutrition, what he could and could not eat, or should and should not eat...

TRAVELL: Oh, yes, we should talk about that, because one of the foods to which he was most allergic, it turned out when he was tested by Dr. de Gara was milk. After he came into the White House, we cut way down on his milk consumption. He loved milk. He drank quarts of milk -- he had -- and he thought everybody should drink milk. There were two causes of, I think, his "irritable colon": one was the large quantity of milk which he drank and his allergy to this food, and the other was, irregularity in his replacement therapy with corticosteroids; people with adrenal insufficiency are extremely susceptible to -- have an irritable gastrointestinal tract, and they develop diarrhea and cramps and pain very easily. I think he resisted taking the medication. I set up with George Thomas, his valet, we set up a very nice system, with little boxes that were filled with the tablets, one for after breakfast, and one box for after lunch. As President, he was completely relieved of the responsibility of thinking what he should take, or if he hadn't taken it, because it was presented to him with his meal. If he didn't take it, George Thomas notified me, and we would see that one was sent to Mrs. Lincoln [Evelyn Lincoln], who would then see that he got it, when he came over in the morning, or later in the afternoon. We had much smoother control of this problem of adrenal insufficiency while he was in the White House, when he was in one place and not traveling around... Of course, when he cut back on his milk consumption, we had to replace the calcium that is normally supplied by milk. He took a tablet of this along with the little box of medication: vitamin C, some Cytomel, a little meticorten, hydrocortisone, a small dose of Florinef (nine-alpha-fluorohydrocortisone) and a tablet of calcium. He used to put all six little pills in his mouth at one time and take a glass of water or orange juice and

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swallow them all at once. This became a routine like brushing his teeth.

SORENSEN: Did he ever express concern that he was dependent on too many trugs or that they might have some unknown effects on his system?

TRAVELL: These were not drugs.

SORENSEN: Pills.

TRAVELL: That's right. No, you know he was a very rational person and if he understood the reasons for something, and he had to understand the reasons, he was quite capable of fully comprehending... If you add vitamins and some calcium -- nutritional supplements -- and hormone replacement -- a little thyroid and the things his adrenals didn't make, to bring the level up to a physiological level, this is quite different from the use of, let us say, the adrenal corticosteroids for the antiinflammatory treatment of rheumatoid arthritis in which massive, or suppressive doses are given way beyond the physiological level. Under the latter circumstances you're very likely to encounter unfortunate side effects. He really didn't take any drugs. He didn't tolerate aspirin well. He didn't like to take it. It was as much as your life was worth to get him to take an aspirin. He didn't take sleeping pills. He wouldn't take medication for pain. He didn't want it. I think the record should be perfectly clear that the things that he did take were normal physiological constituents of the body, almost entirely.

SORENSEN: On the opposite side of that coin, at any time did you ever feel that he complained, or did not complain but suggested maladies that perhaps weren't something he had -- that he had any tendencies toward being a hypochondriac?

TRAVELL: Oh, no, he was the opposite of a hypochondriac. It was difficult to get him to state his complaints, unless they were very acute. Often he'd have a low grade discomfort that he completely ignored. You might say, "How are you?" and he said, "Oh, fine. You know it aches a little." He'd go right on talking about something else.

SORENSEN: You mentioned that he didn't take any sleeping pills. Did he have trouble sleeping?

TRAVELL: Oh, no.

SORENSEN: Now the story that's around is that he was an insomniac.

TRAVELL: Insomniac?

SORENSEN: I've seen that in print.

TRAVELL: Oh, I haven't seen that and certainly that's the farthest from the truth. He could lie down almost any place and be asleep in 30 seconds.

SORENSEN: That's right.

TRAVELL: He could disconnect completely and pick himself up refreshed. He could carry through without sleep for periods of time, but he was very quickly and easily refreshed by sleep. I would say that he got very sound sleep and very excellent sleep. I never heard that story, that's very interesting.

SORENSEN: Let's leave the medical problems for a moment.

TRAVELL: There's just one more thing. I said that he had no more episodes of these spiking fevers and infections that came from that latent complication in his low back. He did have one very acute sore throat in June, 1961. I think that this was about the only day that he missed being in his office for illness. He had a beta hemolytic streptococcus -- acute sore throat, coughing, chills, onset of fever. I took blood cultures in the middle of the night. He was given large doses of penicillin on the basis of the history that we had that he was extremely tolerant of penicillin. This was not a very simple viral infection. I gave a press report on this and I answered every question truthfully, but he was really quite sick. I was called in the night and went over to the White House. When they called me, his temperature was 101 at midnight or so. And by the time...

SORENSEN: Who called you?

TRAVELL: Jackie called me. By the the time I got there it was about 103 and it went straight on up to 105. I started an intravenous infusion and cold alcohol sponge baths and it came down by morning. It was back down to 101. That was what I gave in the press release, that it was 101 when I was called and that we did all of these things and at six or seven o'clock in the morning it was 101, but I skipped the whole intermediate period of the night. The throat infection came immediately under control. I received letters and criticisms from doctors all over wondering why such large doses of penicillin had been given for what sounded like a relatively mild viral infection. But it was not. We kept him in bed that day. Dr. Wade came down from New York to make sure that there was no problem -- no local recurrence of infection in his back -- which there was not. His temperature remained normal all day and by evening we found that he was up and greeting guests in

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spite of all that we could do. This was his most acute illness in the White House.

SORENSEN: That's an interesting and important addition. Now let's say -- let's leave for the moment the...

TRAVELL: I think that would cover, you know, that part of it.

SORENSEN: Did he at any time during this 1955 to 1960 period discuss the campaign with you, or the medical profession and its role in the campaign, or any other... Anything he wanted you to do or say other than the releases on his health that we talked about?

TRAVELL: The releases on his health were completely straight-forward. They were exactly as they were issued.

SORENSEN: I recall at one time that your office was broken into and some records taken. Was he concerned that might have been aimed at him?

TRAVELL: Oh, yes. He didn't know it but his records were not in the office. Dr. Eugene Cohen's office was ransacked about the same time and his patients' records were thrown all over. They were obviously looking for patients' records and they didn't find anything. They didn't even get into my office. They just sliced the door and they tried to break the lock. They did not actually get inside my office. They wouldn't have found anything.

SORENSEN: The fact that there was an attempt made on both your office and Dr. Cohen's office at the same time, though, would lead to the hypothesis that they were after...

TRAVELL: His records. I went around where he had been a patient in New York Hospital, in Boston and Palm Beach, wherever he had been, approached the superintendent or somebody on the staff whom I knew. All of his records were put under safekeeping and under lock and key instead of in an open office file. I tracked down almost everything that was available. I think that this was very important. I'm not sure but what Dr. Cohen's office was broken into twice.

Of course, Dr. Shorr took care of him, took care of the adrenal problem. He died suddenly of a heart attack. It's an interesting thing that the morning that Dr. Shorr died, and we were very close friends, the telephone rang and I received the word. I was sitting and talking with Senator Kennedy. He was very grieved, very distressed. We talked and he said, "Where do we go from here?" He had known Dr. Cohen,

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Eugene J. Cohen, and I asked him to continue on in Dr. Shorr's place and he was very helpful. He did not wish to sign Senator Kennedy's health certificate, if one may call it that,

that we gave him in June, 1960. Dr. Cohen and I were both going on vacation. You called me in my office on 16th Street and said this might come up and since we were going away, would we prepare something. I made a draft, I called Dr. Cohen -- it was Friday afternoon -- and I went up to his office with it. He said, "You know I don't like publicity. I don't want to get mixed up in this." I sat there in his office and I said, "Well, now, Gene, he's a patient of yours." And he said, "Yes." I said, "If he was president of a bank and wanted a health certificate, would you give him one?" He said, "Oh, yes." And I said, "Do you have an obligation to him or not?" He said, "Why, yes." And I said, "Who else is going to sign his health certificate?" So he said, "Oh, all right."

We sat down and went over this and agreed to meet the next morning in my office at New York Hospital which would be quiet and no secretaries on duty. I sat down at the typewriter and we went over it. We fought over every word of it. We spent 3 or 4 hours on it. I typed it out. Gene Cohen said he would sign it provided that it should not be released with his name, with our names on it. I said, "All right."

Just before the Convention when this came up, we were both on vacation and Johnson [Lyndon B. Johnson] -- some of his aides, I'm sure unbeknownst to him, attacked Senator Kennedy's health record. I had given Senator Kennedy my telephone number, I put it in his pocket. He said, "Don't give it to me, I'll only lose it. I can't ever keep a piece of paper like that." So I said, "Well, just remember the town I'm in and that I'm not listed and you can't find me, and hang on to the piece of paper." At Convention time I received a call from him, out in the country, and sure enough he had lost my number. I said, "How did you locate me?" He said, "Oh, we called the sheriff. The sheriff knows everybody in town in Massachusetts." He asked, would I be willing to release the statement with my name? And I said, "Yes." Well, Dr. Cohen hadn't given his consent and would I call him, which I did. He did consent. I discovered why. He really believed the Senator Kennedy had good health and that he could be president and that his health would stand up. He told me so, but after we mailed this memorandum to you, Ted, he said, "Now I have to tell you. I'm a Stevenson man and I have a contribution to his campaign fund in my pocket. I'm mailing it. Now I'm square with my conscience." But he was devoted to President Kennedy.

SORENSEN: That's very interesting. That was the raising of the issue at the Convention or just before the Convention opened. It was practically the only time the health issue

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was explicitly raised.

TRAVELL: But he was in very good health.

SORENSEN: He was in good health.

TRAVELL: From 1958, 1959, 1960, he was in good health. Then, in the White House with the easier control of all the small details and better furniture and more

rest, we had better control over his environment. We were able to go through with a course of vaccine, to do many things with the diet that we'd never been able to do. His health improved steadily through the presidency and I believe that at the time of the assassination he was in the best health since the time that I first knew him in 1955.

SORENSEN: I'm sure that's true. Is there anything else on the campaign that you think we should note here or anything else prior to the...

TRAVELL: You asked me about his attitude toward the medical profession. He had a long background with the navy and Chelsea Naval Hospital. My personal impression was that he had a prejudice against navy doctors. He had a hard time with laryngitis between the Convention and the election that summer. He had difficulty speaking. I got various telephone calls from West Virginia and all over. I remember ordering a steam inhalator in some little West Virginia town from the druggist. I saw him at one time when he couldn't talk. Anne Belcher saw him and told him not to speak. The only thing to do would be to rest his voice for a few days. Otherwise he would not be able to talk. At that point he started appearing on a platform having somebody read his speech. I saw him... He had seen a nose and throat doctor somewhere on his travels. I asked him, I said, "What did Dr. 'so-and-so' do for you and did he help you?" He took a piece of paper -- he wasn't allowed to speak -- and he wrote across it. "He is an ass."

He could distinguish, I believe, a person who knew what he was doing from one who didn't know what he was doing in terms of medicine, as well as in many other fields.

SORENSEN: Well, he may have been more generous in his comments to you than he was to me, but I would say that he made exceptions of several doctors, but as a class he thought lowly of the profession -- based mostly on his own experiences with them, and to some extent his family's experience.

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TRAVELL: I know several whom he thought very highly of: of course Dr. Sara Jordan, and Dr. Ephraim Shorr -- he had a very high regard for him and it was a great blow to him when he died. Dr. Anne Belcher...

SORENSEN: There was another young doctor at the New York Hospital, who treated him for respiratory...

TRAVELL: Dr. David E. Rogers. He liked him very much. Dave Rogers went from New York Hospital to Vanderbilt University as chief of medicine. Later he was in Washington for a meeting. He came to see me, and we went over and visited with President Kennedy. He is a very fine doctor. Dr. Wade he had great respect for and he's a no-nonsense man. Dr. Kraus -- he followed his instructions very carefully. He had at the White House a number of non-military physicians, you see, who came in. Dr. Russell S. Boles, Jr. came down from Boston a number of times. He's a gastroenterologist

and he took over Sara Jordan's practice. He was very helpful with the intestinal problems. He liked Dr. Boles very much. We had a navy dentist see him in the White House, but he preferred a civilian dentist, Dr. Louis Kaplan who came in regularly to see the family and the President, although that he was not bothered by dental problems. I would say that he had very good teeth. Dr. Benjamin Roness, here in Washington, an ophthalmologist, came in and prescribed glasses for visual correction -- he examined his eyes. A very fine ophthalmologist, he liked them very much.

He selected people. He was a great believer in the right of free choice of the patient for his own physician. In all of the discussions -- medicare. He believed very strongly, he had a great conviction, that the patient should be able to choose his own doctor. He always did this. Two days after the election in November of 1960, he called me up and he said, "Come down to Palm Beach this weekend."

SORENSEN: Two days after the election?

TRAVELL: Yes, he called me from Hyannis Port and he said, "Come down and..." And I said, "Well..." He said, "Come as soon as you can." I said, "Well, how about Monday?" He said "Fine." He said, "I'm going down on the weekend. Come down as soon as you can." I was thinking of my schedule and I hesitated a moment. He said, "I'll tell you just one thing. I'm not going to change my doctor." He said, "If you will stick with me, I will make you notorious."

So I went and I spent a good deal of the time in Palm Beach and traveling back and forth with the president-elect, a week in

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January and I came up to Washington with him. I think we were very close through this period. His wife was in Washington in the hospital and he was very concerned about her and about the baby. Dr. John W. Walsh and I would talk back and forth. I was there before Thanksgiving when the president-elect was talking with his father on the Cape who wanted them to come to the Cape very much for Thanksgiving. He said, "I could fly by and pick up Jackie and go to Hyannis Port and we could have dinner in Hyannis Port, Thanksgiving with the family and come back and drop her off in Washington." I said, "Don't do it. It's not worth the chance." He said, "But look, you know, it's just an hour or so." I said, "Don't do it."

I talked him out of that plan to take Jackie to Hyannis Port for Thanksgiving. John Walsh was here in Washington and he didn't want her to go either. I really think that we may have saved little John-John's [John F. Kennedy, Jr.] life.

SORENSEN: Was it during this period that he first said that he wanted you to be the White House physician?

TRAVELL: No, he said, "Come down. I'm not going to change my doctor." So I stayed a couple of days and then I had to go back to New York. He said,

“Well, come down this next weekend.” I went back and forth. I flew down to Washington and took the flight down to Palm Beach that Thanksgiving day that John was born.

I came back in December and he was appointing his cabinet. He was very happy to have me there. I wouldn't question him you know. One day he said -- he didn't say, “What do you want to do?” He said, “You don't really want to come to the White House and spend your time looking down peoples' throats at their tonsils, do you?” I said, “Well, I don't know what's involved.” He said, “I don't know, either. Why don't we talk about it when we get to Washington?”

So I flew up with him in January and we -- my family and I -- were here for the inauguration. He gave me a first appointment Saturday morning after he was inaugurated. Of course, I was at the White House after the parade and stopped in to see them. I had been at N Street every day, in and out. He was wonderfully considerate. We talked Saturday morning, the day after the inauguration. He wanted to know if I would like to come down, and if my husband would be happy and what would he do. We would be going back to New York that weekend, you know. He said, “Well now, stay over and we'll look into it and come in again on Monday.”

On Monday I came in and he said, “Well, if you would like to stay, why that's fine.” So I spent all day Monday ordering medical

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supplies for the White House office. Everything had practically been moved out -- setting up emergency arrangements. I flew back to New York Monday night and I came back on Wednesday early. That's as much time as it took to move out of New York. But I hadn't known really what would come up. In December I could see that I would no matter what happened -- I would probably spend quite a lot of time in Washington. So under my National Board certification, I applied for a District of Columbia license. There was no problem with this except to get the records together. After the president said it would be fine for me to come to the White House, a few days later the office called, his office called, and said, “Dr. Travell, we find that you will need a license in the District of Columbia.” I said, “Oh, yes, I already have one.” And I did. They said, “Oh, you're one jump ahead of us.” It was a wonderful privilege.

SORENSEN: And you did a wonderful job.

TRAVELL: Oh, thank you. It was a fabulous opportunity to help someone maintain top physical performance. This can be done.

SORENSEN: What would you say were the highlights of your activities with the President at the White House physician? You mentioned one of them which was the infection and temperature which he had in June of 1961.

TRAVELL: Of course, the trip to Europe in June -- Paris, Vienna. I was there and I sat

a few feet from Khrushchev [Nikita S. Khrushchev] at dinner. You were there.

SORENSEN: I was, yes.

TRAVELL: Yes. And in Paris and Versailles, I was there and shook hands with De Gaulle [Charles De Gaulle]. This was a very trying time because his back was really bothering him, and yet it wasn't known and nobody was to be worried by it. On our return we went down and stayed a while at Palm Beach and it took two or three months to get it right again -- so that it was bearable for him to live with. This was a very hard period.

Another hard period, difficult period, was when they lost little Patrick [Patrick Kennedy] in 1963. August 7 the baby was born. The President and Jackie had asked if I would take over her care completely and be with her and go with her and make all the arrangements. I spent several weeks in Palm Beach and then made the arrangements at Walter Reed -- which was her choice, not my choice -- and then prepared

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for emergency care at Otis Air Force Base. Dr. Walsh and I flew up in late May or early June. She wanted to go up the first of July. We visited Cape Cod Hospital, the new hospital, and Otis Hospital, and looked over the whole situation. We decided that Otis would be our base. She said that she thought that it was the pleasantest hospital in which she had ever been a patient.

SORENSEN: Why was that?

TRAVELL: In spite of all the sadness, it was out in the country and it was pleasant.

SORENSEN: A rather barren spot, though.

TRAVELL: Well, the inside was rather charming. It was not elaborate, but she... the outside of the building was very shabby... but she was a patient inside. The inside was really very pleasant. There were all kinds of stories about what was done for it and nothing, practically, was done to make it over for her. The Secret Service insisted that the windows must be closed and insisted on having air conditioning. Units were rented, I think. They weren't even purchased. There was a room that was prepared for the President and they said that it must have special security and there was a steel mesh put on the outside of this window, which faced a considerable distance. The newspapers carried stories about bullet proof glass being put in and fancy furnishing and a new dishwasher. Actually, the dishwasher, that was installed in the pantry, was a small mobile one on wheels, that was brought in from another part of the hospital. It was simply wheeled in and set in the little pantry. They talked about the bassinet, which just came in on

wheels from another part of the hospital. There was nothing special about it. There was an electric bed for her which was already in the hospital.

Some money was spent. The members of the press nosed around and they found that money was spent. It was spent to improve the conditions in the operating room. This was already in the cards of the Air Force to do this work, but we simply moved up the schedule. There was an air conditioning unit which, in order to be cleaned and serviced, the men had to go into the operating room and the whole area would be unsterile. So we built a little room for it adjoining and installed it so that it could be serviced without putting the operating room out of service for 24 hours. Some special insulation was put in for the flooring for the newer inhalation anesthetics, which have certain explosive characteristics. The money which was spent, which couldn't really be traced, was put into permanent improvements in the operating room at the hospital, which already had been planned and estimated, but were simply moved up timewise. There was a great

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heyday about this. But Jackie loved this place. It was a very delightful place. The President was there on the Cape and I saw him every day that he was there and I think our relations were never happier. Never more on an even keel.

SORENSEN: Now were there any other highlights of the White House period which would be mentioned? His health, of course, was fairly good during that period.

TRAVELL: Well, we worked on lighting and we worked on... we talked for a while about enclosing the portico, you know, beside the swimming pool, or putting radiant heating, or something, above. But actually, it seems to me that this short walk from the mansion to the executive office, through the fresh air, was something that was very healthy, and he didn't want it changed.

We had a series of accidents with chairs, that was incredible. He had an old Senate office chair, that he liked, with a spring back. One day he leaned back in it in the Oval Room of the West Wing, there in his office, and the thing broke, and it almost dumped him on the floor. Of course this strained his back a little but it didn't present any real problem. It was within a few days that a chair in the dining room, in the mansion broke. Were you there?

SORENSEN: Well, I was there at a breakfast when a chair broke, yet.

TRAVELL: A breakfast. What happened? Was it a leg that broke? A front leg broke, and it landed on the...

SORENSEN: No, I think the back sort of splintered off.

TRAVELL: Well, there were two accidents to chairs that morning. One was a guest's and one was his chair and they brought someone down to my office who

had -- I'm trying to get these two straight -- in which a front leg had broken and he had been pitched forward and caught himself on the table. He wasn't hurt. And then there was one with the President. These were the only problems we had with breaking chairs.

There was one day in 1961 when the press had planned a day with the President. They were to follow him around all day -- February or March. I got a call about eight o'clock a.m. to come upstairs. He had been roughhousing with the children and had struck his head against the corner of the table and had about a three-quarter inch cut on his forehead. It was bleeding profusely. It would obviously need a couple of stitches. I put some strips of adhesive to draw it together and a bandage over it. We set up a date to have Dr. Connolly, the plastic

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surgeon at the Naval Hospital, come in at lunch now and do a real pretty stitching job. By then it was time for him to go to the office. Caroline [Caroline Kennedy] liked to run over to the office with him in the morning. The three of us came down in the elevator together. As the President stepped out of the elevator with Caroline at his side -- I was in back of him in the elevator waiting to follow -- there were suddenly flash bulbs all over, and there were the press and photographers in the main ground floor corridor of the mansion opposite the elevator. The President had this great big bandage on his face and he was startled and annoyed. He didn't want to subject Caroline to this. He took his arm and he swept her back into the elevator. And he said, "Dr. Travel, take her upstairs again, would you mind?" And he stepped out and pulled the door shut. Caroline dissolved in tears. We went back upstairs. She ran out of the elevator and under the sofa, and it took all of Miss Shaw's [Maud Shaw] coaxing to get her out. And this was "the day with the President." It really didn't start off right. He'd forgotten about it and I didn't know about it.

We always had problems with the dogs. They were not allowed on the second floor. Caroline had the nursery school, and the children and dogs used to come up on the elevator to the third floor, where the nursery school was. Of course, he used the same elevator and this caused me some anxiety, because of his allergy. I was constantly requesting that the walls of the elevator be washed down, and the floor be washed down, but we didn't run into any problem at all. He loved dogs.

SORENSEN: Did he call you on the evening when his father was stricken?

TRAVELL: Oh, yes. His father was stricken during the day. I sat at the telephone in my office and he came in and we called Dr. William T. Foley in New York from my office, and we talked to Palm Beach. This was not in the evening, but the middle of the day. It was early afternoon that he was in my office. Ann Gargan called me from Palm Beach. I relayed the message and we got a doctor down there. Then we got Dr. Foley in New York and the President talked to him directly, when I got him on the phone in the office. This was a great hardship.

[END OF INTERVIEW]

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FIT TO BE PRESIDENT

by **JANET G. TRAVELL, M.D.**
Official White House Physician
with **DAVID D. LEWIS**



LIKE HER BOSS, DR. TRAVELL ENJOYS THE WHITE HOUSE POOL

R For a healthier, happier, longer life for you and your family: regular, natural exercise

This is what I have prescribed for myself, my family and my patients—including the President of the United States.

By "regular exercise" I do not mean a rigid training program to weary mind and muscle. I mean, rather, occasional exercise that is both beneficial and enjoyable. You can have fun while you exercise, and it can be fun for your whole family as well.

President Kennedy is a walking—or rather running—testament to the principle that people who are active in sports during youth and continue their activity as adults are likely to remain vigorous as they grow older.

As each of us grows from childhood (when exercise is organized) to maturity (when it is likely to be sporadic) we find ourselves losing stamina, tending to tire and injure ourselves by over exercising in sudden spurts.

The continuing factor that can lessen such tendencies is something that I like to call "muscle memory," the effect of early conditioning carried over into maturity. As an example of muscle memory, remember how long it took you to learn to ride a bicycle? Yet you never forgot the skill, once you had it, even if you hadn't bicycled for years. The same holds true for

other "carryover" sports learned in youth, such as golf, tennis, swimming, bowling, skating, skiing and horseback riding. Once the memories are established, the skills may become rusty through lack of use, but in a short time they can be "recalled" and you'll manage nearly as well as before.

Muscles without the right memories, on the other hand, will prove clumsy at jobs they never knew. Of two middle-aged people taking up tennis, the one who played in childhood will find his natural strokes returning with comparative effortless-ness while the other strains more with less effect. If you once learn a coordinated movement you don't have to think about it again. But if the muscles never learned these lessons in youth, never acquired the athletic skills of free movement, then it becomes exceedingly difficult and even dangerous to attempt them later on. When you learn new physical skills in the adult years, you are likely to suffer strains and sprains.

For this reason, every parent should do his or her best to see that children train and develop muscle memories while they are young, and not just in team sports like football and baseball, but in the carryover sports that will serve them all their lives.

But what of those of us whose parents have neglected to take this early precaution? Are we automatically

doomed to be sedentary because we never learned tennis and played only tag?

The answer to the last question is an emphatic no, provided we seek a sport not too far removed from whatever muscle memories we may have established—and provided we don't drive ourselves too hard or expect too much.

In the United States we have become, in a sense, victims of the demand for excelling in sports. The goal instead should be physical excellence, achieved through sports. I suspect that a thoroughly healthy nation depends on a solid "middle class" of athletes who never win a championship but who, on the other hand, have skills just adequate to enjoy whatever sport they pursue. We in the United States have no such solid middle class; we've lost it because of too much emphasis on winning. The result has been excellence of the few and neglect of the many. This begins in school and college athletics, where much is done for the proficient and not enough for the rest. It continues into maturity, where many sit watching while few play the game.

One of the fundamental health problems facing our nation today is that of getting our young people to develop proper exercise habits, so that their muscles are trained for sturdy use in later life. Another problem is getting ourselves to keep those

continued

muscles exercised and healthy when later life arrives.

Here's how to decide what exercise and how much of it is best for you:

Choose the physical activity you enjoyed as a youth, and concentrate on that. This may be a sport or some other activity like dancing, hiking or bicycling. If there are several, that's fine. Variety is a key to getting the right kind of exercise. It's better for you to swim one day and play golf the next, for instance, than to swim or golf both days. This holds true for most exercising, because there are lots of muscles you don't use to the full extent in any one activity. If you specialize in only one kind of exercise, there is the likelihood of overworking one set and not giving the remainder enough work.

► Remember that the goal is improving your health, not exercising

► Don't try to learn new sports at an advanced age. If you never tried golf but were a good tennis player in your youth, then concentrate on tennis. But if you were only an occasional athlete, in limited endeavors, don't try to become a world-beater at a late date. There is *one* form of exercise with muscle memories for all of us—walking. Even if you never participated in carryover sports like tennis, cycling, golf and so on, you at least can take up hiking.

► But whatever you do, ease into it. Keep your exercising well within the bounds of your energy. You may do harm by overdoing. The best guide is to stop when you begin to tire and don't wait until you are exhausted.

► Not all varieties of exercise are equally good for everybody, and there are times—too soon after eating or during recovery from some infection—when strenuous activity of any kind should be avoided. Remember, too,

ABOUT THE AUTHOR

Bobby Travell, the first woman to serve officially as White House physician, earned her M.D. at Cornell University Medical College in 1926, with the highest academic standing in her class. Because of her interest in muscular disorders, she was called in 1955

to help the then Senator Kennedy recover from a serious back injury, and he has been her patient ever since. Besides being a doctor, Bobby is a devoted wife, mother and grandmother and a formidable sportswoman who swims, rides and plays tennis regularly.

just for the sake of exercise or to get a particular chore finished. You are much more apt to overdo if you are doing a job, such as mowing your lawn or cleaning the house, that you want to complete before quitting. You are likely to work past the point of benefiting yourself. Don't overdo. If you find that an hour's activity leaves you pleasantly tired, but not exhausted, then don't try to do more.

► Exercise regularly, preferably at least once during the middle of the week and then again on the weekend. Even when the opportunity for frequent exercise presents itself, as on a vacation, don't overdo for extended periods. If you are resuming after a long layoff, it is best to alternate the days on which you exercise. This gives your muscles time to recover from stiffness and soreness. When you must get your exercise on consecutive days, try to vary your activities from time to time.

that exercise that is right for the weight lifter or competitive swimmer is not necessarily good for the adult whose life is largely sedentary. Coordinating exercise, which is designed to develop agility, rather than conditioning exercise, designed to develop sheer muscle power or stamina, will stand you in good stead as life becomes more sedentary. And there is no reason why you should put an age limit on your participation in athletics, if the doctor says that you are physically sound.

"The physical vigor of our citizens is one of America's most precious resources," wrote John F. Kennedy. (*The Soft American*, SI, Dec. 26). "If we waste and neglect this resource, if we allow it to dwindle and grow soft, then we will destroy much of our ability to meet the great and vital challenges which confront us."

It is my task to remind the President of his admonition. END



On the Other Hand

By Janet Travell, M.D.

The White House matures not only the man who becomes President of the United States but also every person privileged to work there. Serving as the President's physician is a broadening experience, as I wrote in my autobiography. Before I came to the White House, Presidents' physicians had been drawn from the military ranks or given military appointments. However, the President may bring his own doctor and retain him as a civilian; I was the first civilian White House Physician. And I might note that I found my military colleagues superlative physicians and most cooperative.

The responsibility of the White House Physician to the President is helped by a good personal relationship between the two before the President takes office. This is especially fruitful if this association has been a long-standing one. If, for example, Jimmy Carter, who has not been living in Washington, wins the 1976 election, I would like to see him bring his own personal physician to the White House. I think that the most important thing about the appointment is that the President needs a doctor in whom he has confidence, who understands his background, the demands of the job, the complications of how he lives, and who also has a view of total medical care rather than of specialty care.

When the doctor-patient relationship is comfortable, the President can receive excellent health supervision. For example, I would go upstairs every morning and wait to see President Kennedy and say, "Good morning, Mr. President. How are you today?" And he, in turn, would walk

by my door going to and from the Oval Office. If a minor problem developed, I was informed about it promptly. If he needed some special examination, it was done. I was sometimes asked, "When is the President going to have a checkup?" "Everything is current," I would answer. The President was under constant medical supervision.

The White House offers an ideal situation for health care. Every medical consultant—in military or civilian practice—is available if special help is

A plea for the best medical care for the President

needed. However, that the President has a physician there all the time does not guarantee he will make the best use of his doctor.

Being physician to the President is a full-time job because it includes the care of the entire First Family. A dispensary and clinic are maintained by the assistant physicians for the hundreds of people who work at the White House. Actually, President Kennedy's confidence in my ability to solve difficult problems of musculoskeletal pain sometimes prompted him to ask me to see members of his staff who were plagued by obscure pain. He would call me himself and say, "Doctor, do something about it."

Events that seem natural in an ordinary setting become extraordinary against the backdrop of the White House. The press spotlights small de-

tails in the lives of its occupants because the American people are understandably eager for any scrap of information about the President and his family. That interest is fundamentally an expression of the personal identification that men, women, and even children feel for their Chief Executive. It is a healthy sign.

As a result, I never complained about the letters I had to answer. I also felt a special responsibility to the people who are served by the office of the President. Some weeks I answered as many as 1,000 letters from people who asked about the President's health or had questions about their own health or health policy in general. I thought their interest merited as sensible a reply as I could give.

During the four years and two months that I was White House Physician to Presidents Kennedy and Johnson and their families, I missed only one day from my office because of my own illness. Although my health was not a problem, I took the precaution of having thorough checkups and of exercising regularly.

Medicine and politics are alike in many respects. Neither is an exact science. The risks in a course of action must always be balanced against the possible gain. Indeed, the illusion that a different course is necessarily better afflicts both professions. Both depend on the art of compromise.

Dr. Travell, who served as personal physician to Presidents John F. Kennedy and Lyndon B. Johnson, is professor emeritus of clinical medicine at George Washington University, Washington, D.C.

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