EDITORIAL

John F. Kennedy's back**James T. Goodrich, MD, PhD, DSci**

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THE authors have put together a detailed analysis of John F. Kennedy's (JFK's) clinical history as it deals with a long-standing problem with chronic low-back pain.³ JFK underwent numerous consultations and treatments, including 4 surgeries, to deal with this disabling disorder. How this chronic pain continued to affect him throughout his life and in particular his presidency is nicely detailed. The authors were able to look at the presidential records on his health when the Kennedy family opened access to them in 2001. In reading this paper it is clear that JFK was quite debilitated by this pain, among other medical issues. As was the case with Franklin Roosevelt, the Office of the President was largely able to cover and hide the health issues that plagued Kennedy before his presidency and during his term in office. To provide details of Kennedy's injuries and medical issues, the authors have looked at medical records, family sources, and letters, which turn out to be quite revealing and comprehensive.

The review of JFK's World War II experience makes for some interesting reading. Kennedy was clearly not qualified from a physical point of view to undergo rigorous training for combat duty—or sea duty for that matter. (At one time, a comment was made that he looked like a “limping monkey” when just walking normally.) Another interesting element of this section is the detailing of Kennedy's PT-109 (patrol torpedo boat) experience and how he survived its crash and then spent some 5 hours swimming to an island with the surviving crew.

To build the story told here, the authors add a good deal of contemporary material including medical and surgical evaluations. Excerpts from these evaluations clearly reveal a seriously sick individual with at times a quite disabling back problem. Kennedy's problems continued with a series of failed back surgeries. Even at a very young age he

was becoming severely disabled with chronic pain and required prolonged periods of bed rest. The authors point out that by 1954 his activity was severely limited: it was said that “He was no longer able to pick up a piece of paper from the floor, put on his own socks and could not travel up and down stairs.”^{1,2} This period was just 6 years before he was elected president of the United States. The difficulties continued with later surgeries that were complicated by infection, draining wounds, infected hardware, and a near-death postoperative experience.

By 1955 a consulting physician in describing JFK noted: “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.”⁴ The authors nicely detail JFK's transition to the rocking chair, where he would spend most of his time so as to avoid standing and aggravation of his back pain.

The authors offer an interesting observation: if JFK had not been wearing his rigid back brace would he have survived his shooting? During his assassination President Kennedy received 2 bullet wounds to the head. If the brace had not held him upright, the second shot (which is what probably killed him) might have not made its target because he would have been slumped over in the car—certainly an interesting thought.

The authors conclude: “Personally, JFK remains a case study in the complexity of human nature—an affluent political scion turned war hero, a serial philanderer and methamphetamine user, a civil-rights supporter and initiator of the Vietnam War who was both the youngest man elected president in the nation's history and perhaps the 20th century's least healthy one.” What other president besides

JFK has had the Catholic Church's last rites administered 4 times before his assassination? This paper is an excellent blend of original research, a compelling story, and all the bad things that go with failed-back surgery syndrome.

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Disclosures

The author reports no conflict of interest.