

INTERVIEW WITH
Leonard D. Heaton

by

Maclyn P. Burg
Oral Historian

on

October 27, 1975

for

Dwight D. Eisenhower Library



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This interview is being conducted with General Leonard Heaton in the General's home in Pinehurst, North Carolina on October 27, 1975. Present for the interview are General Heaton and Dr. Maclyn Burg of the Eisenhower Library staff.

DR. BURG: We can begin our conversation, General, by my asking you when and where you were born.

GENERAL HEATON: I was born in Parkersburg, West Virginia, 18th of November in 1902.

DR. BURG: And your early education was in that state?

GENERAL HEATON: Early education was at Denison University, Granville, Ohio, where my mother graduated in 1898. I had three years of pre-medicine there and I then entered the University of Louisville School of Medicine, Kentucky, graduating from there June, 1926. From there, I entered the army, 1 August 1926.



DR. BURG: Was there a particular reason that drew you to the army, General?

GENERAL HEATON: A particular reason was a young lady by the name of Sara Hill Richardson of Glasgow, Kentucky, who I was very much in love with and I wanted to marry. And I had no money.

BURG: So you took care of it by joining forces with the government.

HEATON: I'd heard a lot about their internship, lot of good things about their internship, and I was offered one in San Francisco, California, at Letterman General Hospital, which was an added inducement. So, on the 30th of June, 1926, we married and set out, after a honeymoon, for San Francisco.

BURG: I see.

HEATON: I had no idea of making the army a career but during that first year of internship, both of us enjoyed it so much, I had a good clinical experience at Letterman and folks were very nice to us, and we loved to travel and meet new people, see new places, so I entered the regular army one year later.

BURG: I see. You had, in effect, kind of a probationary status.

HEATON: Out of reserve. You were a first lieutenant, Medical Corps Reserve for that year and then if you chose to come in the regular service and make it a career, you were then



re-examined, and all this and all that, and became first lieutenant, Medical Corps, regular army.

BURG: And then you went through the kinds of experiences we might expect from a young medical officer in the late 20s and the 30s, probably up until the time that we were suddenly cast into World War II, when things, regrettably, changed for you.

HEATON: Well, we had the usual stateside assignments before World War II, with one foreign service assignment--being foreign service at that time--1930 and 1932 in Hawaii.

BURG: I see.

HEATON: And we were very much taken with Hawaii and its beauty, and the life over there and good clinical work, so I did my best and was successful in returning there in 1940. And, of course, we were caught over there at Pearl Harbor.

BURG: Good Lord, you were there on that day?

HEATON: I was. My family was there and I was chief of surgery at Schofield Barracks Hospital, the largest army post that the U.S. had at that time.



BURG: So you were receiving the first battle casualties of the war.

HEATON: Yes, sir. Yes, sir, we did.



BURG: Both army and navy casualties sir, or strictly army?

HEATON: No. Schofield is twenty-six miles out of Honolulu, and as I said, it was our largest army post. We had four infantry regiments, three field artillery, and supporting troops. All the line troops on the island of Oahu, and in the Hawaiian Island chain, were stationed at Schofield. Downtown was the coast artillery, in Honolulu proper, and air force and navy. At Tripler Hospital downtown, the army hospital, of course, they received the army and also some navy, the overflow of the Pearl Harbor tragedy. But we had just our own line troops, plus Wheeler Field, air force airmen. And it was a horrible day and a horrible time, of course.

BURG: Was your wife close at hand, so that you knew she was all right?

HEATON: I went right to the hospital, of course. We were shot at out in front of my house by these Japanese planes. You see, they hit us first, because they wanted to hit Wheeler Field, right adjacent to Schofield. Wheeler Field had the fighter planes.

BURG: Parked wing tip to wing tip.



HEATON: Hickam Field had bombers. If there'd had been a Wheeler Field, there'd have been no Pearl Harbor. They destroyed every one of the new P-39s and P-40s that they'd just flown over there. They were tail to tail, lined up on the runway. And a lot of the airmen who were with them, were in tents there, and they raked and they raked and they raked that field and destroyed them all, and they had a lot of casualties and, of course, we took care of those along with our own. They got out an order that morning that all women and children would be immediately taken to the rotundas of the infantry barracks and artillery barracks, and from thence would be transported down into the hills back of Honolulu, for safety's sake, because they thought they were going to make a landing and attack Schofield first for the line outfits, you see.

Fortunately, or unfortunately, our daughter was quite allergic and had an asthmatic bronchitis and was on a croup kettle, with a temperature. Mrs. Heaton, unbeknownst to me, grabbed her when she got this order, and brought her immediately to the hospital and hospitalized her and then went to work herself at whatever she could do around the hospital, helping out the nurses, an aide so to speak. So my wife and child did not go down into the hills of Honolulu. A lot of these poor fellows around Schofield Barracks never knew where their families were for two or three weeks. There was great, great confusion. But that's understandable. Things settled down and my family, along with many others--they started evacuating women and children--left February 20, 1942 for the States, and I stayed on and came back in late October, 1942, about a year afterwards. But I must say that all of us who remained are here today because of the navy and a magnificent performance at Midway. We were nip and tuck up through Midway. I wasn't allowed twenty-four hours anywhere. I was right on duty all the time. And we were going through all sorts of drills, gas drills, and all that kind of business. But that battle really, not only saved us but, I think, the West Coast of the United States, for

many days to come, years to come.

BURG: I never read about attacks such as Torpedo Squadron Eight, and the other torpedo squadrons made, without marveling at that indomitable pressing on, and all of them, virtually every aircraft, down into the sea--and no hits--but still going in.

HEATON: I want to say this--you have to credit our intelligence, and let's never compromise intelligence activities of this country because intelligence made possible, in large part, the success at Midway.

BURG: Yes, the breaking of the Japanese Purple Code and knowing their intentions, yes. Yes indeed it did. And only people who were where you were at that time, or living on the West Coast of the United States, appreciate how unnerving that period of time was for us all.

HEATON: My family--we only have one child, a little girl then--and Mrs. Heaton were on the Lurline.

BURG: Yes, she was a Matson Line ship.

HEATON: Matson Line, escorted by a cruiser, an old cruiser. We didn't have much left, you know.

BURG: No, we didn't.

HEATON: This old, broken-down cruiser. They were off the coast around Santa Barbara when the Japs fired on Santa Barbara, do you remember that?

BURG: It opened fire on the refineries.

HEATON: That's right. And so the Lurline took off and went up around Alaska. All in all, left this cruiser. And I never heard from them. I couldn't understand, and we got very worried. I couldn't understand, those of us who had families aboard, why we never heard from them. It was about fourteen days. But they went clear up there and they backtracked on down and docked in San Francisco.

BURG: Most unusual. You know I'd never heard that, I have never heard that story, and I thought I was knowledgeable about coastal shipping and the traffic in and out of the West Coast. They were diverted all that way.



HEATON: Up to Alaska and back down.

BURG: All because of one Japanese I-boat. [Ed. note: A Japanese I Class submarine.]

HEATON: They didn't know, of course, what was going on, or what would go on, and so they took off in that direction. After a while it was apparent that the Japanese weren't going to do anything frontally on the West Coast, so they came back down to San Francisco Harbor.

BURG: What a target she would have made. It was just very, very fortunate that nothing happened.

HEATON: Well, they got there all right, and they had a lot of women and children on board. In the private stateroom they had, I remember, nine hammocks; nine in one room. They said it was terrible. But after all, they made a successful crossing. I had a passage for them on a Pan American clipper and it would have--I think it was around three hundred some dollars then for both of them. We debated and she said, "Well, I could use that," because we didn't have much money in those days, you know, but she said, "Well I think I can use that money, so let's get a

free passage." And we didn't think that was a smart idea after all of what happened, but it was too late then, of course.

BURG: But you came back in the autumn of 1942.

HEATON: That's right. I came back and I was stationed at Woodrow Wilson General Hospital and assumed command of the 160th General Hospital. Went over to England, April, 1944.

BURG: Oh, not until '44?



HEATON: I stayed in the States about a year and a half. About a year and four months at Woodrow Wilson, and then my family just stayed right there in Staunton, Virginia, where the hospital was. Then I came home from England in July of '45 and was sent to Letterman General Hospital, back to my old first station, so to speak, as chief of surgery. I stayed there at Letterman as chief and got my first star in 1948, my second star in 1950, and I assumed command of Letterman at that time. We were there three years, then, on the 1st of April, 1953, I assumed command of Walter Reed Army Medical Center in Washington, which included the general hospital, of course.

BURG: Was that in the ordinary line of advancement for officers such as yourself, given the kinds of experiences you had had?

HEATON: Yes, more or less normal. I had a very dear friend who was my chief at San Antonio, chief of surgery.

BURG: Was that at Brooke?



HEATON: Brooke Hospital, it then known as the station hospital, Fort Sam Houston, Texas. And I was there with him for five years, 1932-1937. And then I went out on my own, having had a very good surgical training there. And this man, Raymond Bliss, I owe a great debt to, was recognized and went very high during the war, up to Major General. And then after the war, let's see, '47 to '51 I think it was, he was the Surgeon General. Best friend I had.

BURG: I see.

HEATON: What I'm trying to say is that friends help in the right places, as you and I know very well.

BURG: Provided your work has been satisfactory.

HEATON: That's right. But you've got to earn it; with him, you'd have to earn it, because he was a hard-nosed New Englander of the first order. But we were very close and I did work hard, but being a friend, he recognized it and promoted me very fast.

BURG: Now, am I right, sir, in my thought that during the period of time in England, April '44 to July '45, that you had no contacts with General Eisenhower.

HEATON: None whatsoever. None whatsoever. Although, afterwards, I would tell him about certain things, though, that went on over there and he said, "Well, why didn't somebody tell me about that?" I said, "Well, I don't know; I was just a little fellow, Mr. President."

BURG: Yes. And I presume, too, that your unit would have handled some of the return battle casualties from Utah and Omaha beaches--

HEATON: Oh, yes.

BURG: --and later on.

HEATON: I had the 160th General, which was the heart and neurological surgery center of England, and we had many famous visitors up there. Civilians, particularly civilians of the British medical practice, and British military and, of course, our own consultants. Dr., General then, Eliot Cutler; I became very friendly with, was up there a lot. He was the chief surgical consultant of the European Theatre. And others. In August of 1944, I was, much to my dismay and sorrow, was kicked upstairs in command of fifteen hospitals, a center. The 802d Hospital Center, headquartered at Blandford, England. This was south of Salisbury, in that area.

BURG: Just north of Southampton.

HEATON: And I had Southampton Port, and I had hospitals clear into Torquay. I had eleven general hospitals and four station hospitals, plus the Tarrington Air Base, where all the casualties from Europe landed. This was a very interesting assignment. I'd become so attached to my own unit; I'd known their families, and we'd trained in Atlantic City before going



over and, you know, you become attached and I just didn't want to take this job on. But we'd made a little reputation, I'll say in all candor. We used to have meetings there in London every week and discuss this and discuss that, and there were seven American hospital centers in England. A lot of beds.

BURG: Each of them controlling groups of hospitals?

HEATON: Controlling a group of hospitals, yes. Seven hospital center commanders met every week or so in London at the Chief Surgeon's office and would show the flow, the receipt of the wounded, and the evacuation back home to the States and all. Well, being in control of the main airfield in my center headquarters, I told my receiving officer, I said, "Look, fill ours up first and then let these other guys have them."

It took them a long time to figure out how come we were always so loaded, you see.

BURG: I see. I see.

HEATON: The old man really took me apart when he finally realized what I'd been doing down there. I kept my boys busy.



And they, you know, they liked to be busy and some of these guys, farther up in the north of England, weren't getting dribbles, hardly. But we adjusted that all right. It was a very rewarding experience, and our people did very well indeed over there. I was happy to get home, of course, and more than happy to get back to my so-called alma mater in San Francisco. We were there eight years. My friend used to come through out there, General Bliss, when he was Surgeon General, this was during the Korean War, and he'd say to me, "How long have you been out here?" Every time he'd say that--he had a very beautiful sense of humor--I'd say, "I just got here yesterday, General."

BURG: And that worked for eight years?



HEATON: He says, "I'm going to take care of that when I get back to Washington." Well, he never did anything about it.

BURG: But you did wind up then at Walter Reed.

HEATON: Yes, sir. I wound up at Walter Reed, as I said, the 1st of April, 1953.

BURG: Can I ask you how you felt about that move?

HEATON: Well, I viewed it with mixed emotions. I viewed it with mixed emotions, because we were so terribly attached to San Francisco. We loved it out there. The people. We had many, many friends in the civilian community in medicine and surgery. They were awfully nice to us. Well our closest friend out there, Carl Mathewson, Professor of Surgery at Stanford, and they were over at our home, we were over at their home, and many others like them. We still are very, very warm friends and have great affection for all the old-timers out there.

BURG: Now that was Mathewson.



HEATON: --e-w-s-o-n, Carlton Mathewson. And I remember, we drove out and Mrs. Heaton cried when we looked back from the top of the Presidio on down to where we lived, and we were on our way back to the East.

BURG: Yes. The layman, I suspect, General, sees Walter Reed as sort of the acme when one thinks of the important hospital centers of this country.

HEATON: That's right. I realized when I got back there--I always held Walter Reed, of course, as number one. I realized when I got back there that I had a tremendous challenge and that I was very fortunate to have been chosen. And we quickly--we never forgot, of course, San Francisco--but we quickly adjusted to that change and went to work.

BURG: Were there any particular problems that had to be faced at the time that you entered into your tenure at Walter Reed. Among other things that occur to me, I could imagine different categories of wounds that might have been suffered in Korea from those which had been suffered in Europe, and which might require different approaches at Walter Reed. Or there might have been medical advances coming from the Korean War that would face you as you took up your new position.

HEATON: Well, not particularly. The new advances, as you recall, that Korea started, instigated, and I followed through with them in Vietnam, was the evacuation by helicopter of wounded to certain surgical hospitals.



BURG: The so-called M.A.S.H. units?

HEATON: Yes. The M.A.S.H. And then, of course, vascular surgery came into great prominence in the Korean War. We had a vascular registry there at Walter Reed, started by General Hughes, Carl Hughes, and I would say that Korea gave us advances in reparative vascular surgery, and the helicopter evacuation.

BURG: I see.

HEATON: And we refined on that in Vietnam.

BURG: Yes, yes. It's a tragedy to look back on a series of wars, the Civil War for example, and to note that medical progress is made at that kind of cost. Although it certainly seems to have been true in each of the wars.

HEATON: Surgery is learned through wars, isn't it?

BURG: Right. The hard way to learn it; the terrible way to learn it. So your arrival at Walter Reed then coincided with the new administration.

HEATON: That's right. That's right. Now, my association and

friendship with President Eisenhower began, I would say, when he returned from convalescing and recovering from his first heart attack in Denver, Colorado. You remember, he suffered that attack 24th September, 1955. The reason I remember is that's our daughter's birthday.

BURG: I see.

HEATON: And I've often told Ike that he's certainly got something in common with another famous person. And he would laugh. But he came back accompanied by his doctor, General Howard Snyder, a very dear friend and confidant of mine, and Howard would bring him out to Walter Reed for checks, blood chemistries, x-rays, things like that, at regular intervals, and that's when I got to really knowing him well and our association started.

BURG: Well we noticed that he was following that routine, and we assumed that you would have been in contact with him. We didn't know the extent of the contact.

HEATON: The extent of the contact was as the commanding general

of Walter Reed Hospital only. I'm not a cardiologist; I was the commanding general, and also the senior surgeon at Walter Reed, operating surgeon. But it was my responsibility to see that this gentleman was really taken care of. And he taught me a lesson.

BURG: He did?

HEATON: The first time he came out, and I've compared this to other Presidents, the first time he came out to Walter Reed, I just happened to go over to x-ray, where he was going to come in with his Secret Service agents, about twenty minutes ahead of time to see that everything would be in order. And about the time I got over there, and things were looking up all right as far as I was concerned, here he arrived. This gentleman was always on time or fifteen to twenty minutes early on appointments!

BURG: I see. A thoughtful thing to do.

HEATON: We have had visits from other Presidents who were an hour to two hours late, routinely.



BURG: I would have assumed that all of them were so tightly scheduled that they'd be there on time.

HEATON: Old Ike was always there ahead of time. And he taught me--I certainly learned the value of promptness.

BURG: You're making a comparison here between General Eisenhower and perhaps three other presidents.



HEATON: I think in comparison, particularly, with General Eisenhower and President Johnson. Lyndon Johnson came out a lot to Walter Reed to see, you know, friends in the Senate and others that were there. A wonderful person and a dear friend, but I never could depend on him. When he'd say, "I'll be out there at seven o'clock of an evening", or "four in the afternoon," he'd be out there at five-thirty or an hour or two late, you see.

BURG: Can you recollect the first conversation that you had with President Eisenhower, following that Denver heart attack? The first time he came out there with Doctor Snyder?

HEATON: No, I can't. No, I really can't. I've said this many

times, after this long association with him, to people who had never met him, and I would say to them as I would say to you, that if he would come into your home, in your living room with your family, he was so disarming and so vital--I'd give you one minute to say to yourself, "I've known that fellow fifty years." He could just take you clear over. Oh, that smile and that genuineness in his conversation, and his animation!

BURG: One hears it all the time from people, such as yourself, who knew him--that he was a most disarming and affable man, completely at home with you.

HEATON: Absolutely, absolutely. And he, also, would dominate any conversation. Completely dominated it! He had a mind that--you're an historian, you should hear him recite English history. It was absolutely uncanny! The dates and events. And I, naturally, was a little put out to read people who would write about him and say all he read was paperbacks and that kind of stuff. Well, he read those for escape from trials and tensions and worries, and such as that. Just like why he played golf. But he was an ardent student of English history.

BURG: Yes. When one sees the library, in this case it happened



to be the library he had at Gettysburg in retirement, you realize the breadth of his interest. Extremely broad.

[Interruption]

BURG: You were talking about these visits by the President and General Snyder. Could I, before we go on, could I ask your impressions of General Snyder? I never met him; what kind of a man was he and what kind of a medical man was he?

HEATON: He was a gentleman of very easily recognized gentility. With a full head of beautiful, gray-white hair, and so distinguished looking that you'd turn around and look at him two or three times.

BURG: And accept his medical advice, I suppose, without question.

HEATON: I would classify him as an old-time general practitioner, who just had a knack of sensing dangers; particularly good with the President because he'd been with him for many, many years, as you remember, when he was at SHAPE and through the Columbia University presidency.

BURG: Had you known Dr. Snyder before that affair?

HEATON: Yes, he visited me in my hospital center at Blandford, England.

BURG: As early as that.

HEATON: In 1944, and it was the worst snowstorm that England had ever had, and all they had was little shovels for the snow, and so Howard was holed up with me for about a week. That's when I first got to know him and, well. He left me with a very favorable impression and we've been close friends ever since. So I welcomed this return, naturally, of Howard, being down there with the President and we worked, as I say, very closely together.

BURG: So this was a fortuitous thing, that the President's physician already knew, and had known for a number of years, the commanding officer at Walter Reed. A very fortunate happenstance.

HEATON: Well, it was a very, very fine association. And it worked to the good of the President.

BURG: Now, was it your medical opinion after the Denver heart attack that, considering the President's age and the monitoring that was being done at Walter Reed, that things were as good as could be expected? The prognosis was good?

HEATON: Very good.

BURG: Had it been, from the information that you could get, had it been a minor kind of affair?

HEATON: The heart attack?

BURG: Yes.

HEATON: No, it was a--I wouldn't say a minor heart attack. It wasn't a devastating heart attack. I think all of us should remember that if we have to have heart attacks, let's have them in the older decades. It's the younger people that are stricken with a first heart attack and die in their 20s and 30s. And the President lost one of his very, very close workers there, Pete--

BURG: Carroll.

HEATON: Carroll.

BURG: Pete Carroll. That's right, I remember that.

HEATON: Pete had one heart attack; he had a second a year later and died of the second. And the President often talked about that. We've also got to remember this--or we should--a heart attack is a very sobering experience. You become more conscious of your own health, your habits, and you cut back on a lot of the things that you had been doing before and should not have been doing. In other words, they cause you to pause and ponder. And live a more sober life.

BURG: So if one hadn't been in combat, that might be one of the first indications of your own mortality.

HEATON: That's right. He quieted down a lot in his activities. Became very conscious of his diet, particularly cholesterol. That was an obsession with him! "What is my blood cholesterol, Leonard?", after every check. And he held her way down.

BURG: Had his eating habits been far out of line, General? Prior to that heart attack?

HEATON: He loved to eat. He loved to eat.

BURG: He'd indulged himself in what--a chiliburger, or something that night?

HEATON: Before that first heart attack he'd gone in and had a great big hamburger and an onion.

BURG: Oh, yes, onion.

HEATON: And this man really loved to eat. And I'll tell you another--I'll use Howard Snyder as an example. In any ordinary meal the President would be through his entrée before Howard would finish the soup. He was a very fast eater and he never chewed anything very well. I picked out celery tips and chunks, the night of that surgery, that couldn't get through this shrunken bowel of his.

BURG: I see.

HEATON: He's a very fast eater.

BURG: And had thrown all that additional strain, then, on the intestinal system.

HEATON: I've been with him many times when--and it always amused me--old Howard, he was sitting up there still on his soup, or whatever they had up there, and the President's through his meat and potatoes, and what have you, and ready for the dessert. Talking all the time.

BURG: Was he not exercising sufficiently for a man his age and in his position? Was he not relaxing enough?

HEATON: He was getting good exercise playing golf. Before the heart attack, you mean?

BURG: Yes. Right.

HEATON: He was getting, I know--I've been told that he was getting very good exercise playing golf at Burning Tree, mostly of course, in Washington. The tensions of that office, the stress and the strains, I'm sure had a lot to do with this attack, and I don't think high cholesterol, that's associated with these attacks, entered the picture at all, because he never had high cholesterol. As a matter of fact, it was pretty low.

BURG: But he had it fixed in his mind that that was a concern for him.

HEATON: Yes, Dr. Paul Dudley White fixed that in his mind, to be alert for cholesterol. And I'll tell you a little funny story, getting ahead of ourselves here; after the surgery, I would go down there with the cardiologist, every two weeks, and with Howard Snyder. We'd check him at 6:30 in the morning. He was a very early riser and he would have been up and showered and shaved and back in bed by the time we got down there. This was always before breakfast, because we had to take blood for his chemistries. And one morning, we talked a lot about a lot of things, he said, "I wish I could have an egg now and then. I love eggs." I said, "Well, Mr. President, I don't see any reason why you can't have an egg now and then. Why don't you have one like I have them. I never liked the yellow in egg, particularly, and what (he knew my wife very well then) Sara Hill does is poach an egg and I'll kick out most of the yellow. Just color a little bit, with the yellow, the white. And I enjoy that very much and you're not going to get any untoward reaction from that, I'm sure. Don't you agree?"--I forget who the cardiologist was. "Yeah," he said, "I agree." Two weeks later we went down there and he looked at me with those steely blue eyes of his and he said,



"You made a damn fool out of me, Leonard." I said, "Well, what'd I do now, Mr. President?" And he said, "Well, I called Charles in here," (he's the maitre d' there), "told him I wanted scrambled whites of eggs. He looked at me like the President of the United States had gone off his rocker." I said, "Mr. President, I didn't say to scramble the whites." He said, "What did you say?" And I went all over this again. "Oh," he said, "I misunderstood you."

BURG: He missed out on the "poached" part completely.



HEATON: Yes, he missed that completely. Called Charles in and wanted scrambled whites. Well, no wonder Charles looked at him funny.

BURG: Let me ask you another question relating to that first heart attack and the period where you saw him in the spring of 1956. You probably saw plenty of heart attack patients. Did the President show any outward signs of anxiety or tenseness?

HEATON: No.

BURG: There was no--

HEATON: I was in no position to judge him, because I hadn't known him intimately before, you see. But he never impressed me as being jumpy or tense or extremely nervous, no.

BURG: No faint tremor of the hands or anything of this sort?

HEATON: Oh, no. Oh, no. No, indeed. No, indeed.

BURG: Right. I would like to ask this too. He, having had what must have been a frightening experience--I think it would be for any person who goes through it--how did he seem to react to that? His demeanor, for example, was it calm when you saw him then in the spring of '56.

HEATON: Yes. Oh, yes. Very calm.

BURG: The difference was that he--

HEATON: Calm, collected and in complete control of himself and his emotions. Oh, yes.

BURG: And not anxiety ridden then by the heart, so far as outward appearance would indicate. He was determined, if I understood you correctly, to follow whatever routines were now necessary.



HEATON: He would do anything that you told him. Yes, sir.

BURG: And anything that Paul Dudley White told him.

HEATON: He conformed to the letter, that's right. I repeat again, that Paul Dudley really impressed upon him the necessity of keeping an eye on his cholesterol and old Ike was very conscious of cholesterol.

BURG: Had White just come out with a book on that, sir?

HEATON: Oh, I don't recall but, of course, he took complete charge of him during the heart attack, out there in Denver. I sent my man out, Tom Mattingly, who was head of cardiology at Walter Reed at the time, and I must say that the President was very, very fond of, and had great confidence in, Tom Mattingly--

BURG: Which would be a great assistance when the President returned.

HEATON: --as a cardiologist, and when he returned, Tom was there at the Walter Reed.

BURG: Right. May I ask, did Mrs. Eisenhower contact you or Dr. Mattingly, as a wife might do, to be informed as to exactly

BURG: Now, you and your colleagues then monitored his general health from the return from Denver on.

what had occurred? Perhaps Dr. White had taken care of that in Denver, so that she might play whatever part she would have to play.

HEATON: No, she--she didn't us. That was through Howard Snyder.

BURG: I see.

HEATON: And she was very close to Howard and Howard took care of her, too. He took care of the two Eisenhowers.

BURG: Right.

HEATON: I'm certain that she had many conversations with Howard about him. And Howard would advise her, and this and that, you know.

BURG: But from what you've told me, at least she was blessed with a cooperative patient.

HEATON: Oh, yes. Oh, yes, yes. Yes, indeed. Yes, indeed.

BURG: Now, you and your colleagues then monitored his general health from the return from Denver on.

HEATON: Yes.

BURG: And am I right in thinking that the ileitis was really an unpredictable occurrence?

HEATON: I'll go back.

BURG: Okay.


HEATON: The President, in 1923, had his appendix removed in Denver. The diagnosis was chronic catarrhal appendicitis. Now, I've got to be honest with you, that's not much of a diagnosis. I'm not saying it was a normal appendix, but it'd been better if it'd been an acute, suppurative appendicitis diagnosis, pathologically, you see. What I'm getting at is this. We went back all over that history after the surgery; well, before that, as a matter of fact. I think he had ileitis at the time of the appendicitis operation in 1923.

BURG: Rather than appendicitis?

HEATON: That's right. Ileitis, segmental ileitis, terminal ileitis, Crohn's disease, was not described or published until 1932. Crohn, C-r-o-h-n's disease was not published, so we didn't know anything about it. And through these years, after



1923, he continued to have these periodic attacks of cramp-like pain in the lower abdomen, nausea, vomiting and non-bloody diarrhea. And after several days it would resolve itself. These were recurring attacks of this ileitis. Now, nobody knew what was causing these attacks until May, 1956. And following one of these attacks in the White House, we really held him long enough on a good barium GI series, upper GI series, done by our very excellent chief of radiology, Colonel Elmer Loðnell. He's now a leading radiologist up here in Greensboro, North Carolina. And Elmer found out what was causing all this trouble. He had beautiful pictures of this constricted ileum, terminal ileum. So the diagnosis was made.



BURG: And in those previous attacks that he had suffered from 1923 on, was it merely a matter of his not staying long enough or being held in a hospital long enough, for this to be seen? Remembering, however, that it wouldn't have been recognized, perhaps, until 1932?

HEATON: Well, it would have been recognized then if it'd had gone into--if it'd gone to certain pathological stages. But this, in 1956, I've got to repeat, these are the first x-ray

pictures, good x-ray pictures, that we had which showed us absolutely--

[Interruption]

BURG: I'm sorry. Where were we?

HEATON: We were on the diagnosis of the ileitis by x-ray.

BURG: Right. Right.

HEATON: So you see, when we were confronted with this attack--

[Interruption]

BURG: All right.

HEATON: So when he was taken ill at 12:30 a.m., 8 June 1956, nine months after this heart attack, we had a good idea what the diagnosis was, from his previous x-ray. Now, I wasn't in Washington at the time.

BURG: Oh, you weren't?

HEATON: I was on leave down at Gloucester Point, Virginia. He



had this first complaint of a mild discomfort over the entire abdomen, later became more pronounced, going to the lower abdomen, right side, nausea, vomiting, and some shock-like symptoms of low blood pressure, such as that. Dr. Snyder, of course, was with him all the time. These symptoms became more intense in the morning and he called me. Said there'd be a plane down there and for me to get back up there as soon as I could. He wanted to see me with the President.

BURG: Did he tell you anything about the symptoms and--

HEATON: He told me, yes, sir.

BURG: Right.

HEATON: This plane came down there and landed in a field and I had a police escort from National Airport having arrived there around one o'clock, one o'clock that afternoon. I examined him thoroughly, along with Howard, and concluded that we were in serious difficulty.

BURG: Had they, by the way, by now brought him to Walter Reed or was he still at the White House?



HEATON: He was at Walter Reed at that time, when I saw him. I told him, "Mr. President, I am going to call in some consultants." Howard was there, too. Howard--I'd talked with him about this before. And he looked up to me and one of the greatest compliments I ever had paid me, he said, "Leonard, you're good enough for me." I said, "Well, Mr. President, you're President of all the people. And I appreciate your sentiments and your thoughts and your confidence. I'm going to call in Dr. Ravdin, head of surgery, University of Pennsylvania, and a very dear, close friend of mine." He was the first surgeon that came over to see us--after Pearl Harbor--and our cases, sent over by President Roosevelt. And we became fast friends then and since. Isador Ravdin, University of Pennsylvania, world renowned. And then, remembering the hurt feelings of some fine practitioners in Denver that they were not called in, I called in two other fine surgeons from the city of Washington. Bryan Blades, professor of surgery at George Washington University medical school; and a long-time friend, highly-respected friend of mine, Dr. John H. Lyons. The leading, let us say, private practice surgeon in the city of Washington. Eight years training at the Mayo Clinic under E. Starr Judd. So there were four of us with Dr. Snyder who gathered at that



bedside.

BURG: At what time? I presume on that same day.

HEATON: About 5:00 p.m., we all gathered. Ravdin was in Chicago.

BURG: Oh, he was.

HEATON: He got a flight out of there right away.

BURG: I see.

HEATON: And we all got together about five o'clock. I would say about four or five o'clock; we were waiting on Ravdin.

BURG: Had it been possible to control the President's symptoms, through medication, the distress that he must have been feeling?

HEATON: We, of course, entered into a lot of supportive measures. Intravenous therapy to control the vomiting and replace the electrolytes, and things like that. But we had a progressive picture of a serious difficulty in the abdomen in the fact of the distention of the abdomen and the failing of bowel sounds, which is indicative of intestinal obstruction.



He had all the signs, subjective signs: pain, nausea, vomiting, cramp-like pain; objective signs: distention and a lessening of the bowel sounds of the abdomen. They ask, "Why did you wait so long?" I wanted a unanimity of opinion of the four surgeons. I didn't get that until about midnight.

BURG: Oh, you did not?

HEATON: We had one man hold out. He held out. He said, "I think that we'll get by without surgery." And, as I say, the diagnosis was easy because we had the x-ray pictures, as of one month before, so we knew it was intestinal obstruction from this constricting ileum. About midnight this surgeon, he said, "I give up. I agree with all of you now."

BURG: What had induced him to change his mind? The President's condition?

HEATON: The progressive distention and, particularly, no bowel sounds. Now you get afraid of gangrene, you see.

BURG: Yes.



HEATON: So I went right to the President and I told him. "We are unanimous; surgery is necessary." And I remember Howard Snyder telling me, "When you say that to him, Leonard, have a litter standing by ready to go, 'cause that's what he's going to say: 'Let's go.'" And I did, and he said, "Let's go, Leonard." And I said, "All right, sir."



BURG: Just like that.

HEATON: Man of action. And we operated on him--it takes times time to get an operating room ready, of course--but we operated on him; started at 2:20 a.m. and ended at 4:51 a.m.

BURG: You had not held a room, an operating theater, available?

HEATON: We'd alerted it, the team.

BURG: Had you?

HEATON: Oh, yes. We alerted the team. But the anesthesiologist has a lot of preparations to go through with and preliminary supportive measures from his standpoint, and just it takes time, regardless of what you've alerted.

BURG: Was the President's pain under control during that period from around five till midnight?

HEATON: Oh, yes. Yes, yes, it was under control.

BURG: General, you obviously, you have deliberately not given me the name of the surgeon who held back.

HEATON: Dr. Lyons.

BURG: It was Dr. Lyons.

HEATON: He's gone now.

BURG: I presume then, that there was a medicinal approach that might have been used? This had flared up before and had subsided; was it his thought that perhaps it would again?

HEATON: His thought was--and John had a right to this--that eventually it would push through this constricted, involved, diseased portion of the terminal ileum. That nature would eventually push this stuff through, see?

BURG: Yes. There was no fear that it might actually rupture?



HEATON: I want to show you a picture. That's the constricted ileum there.

BURG: I see. Now is that from the x-ray one month before?

HEATON: That's the x-ray one month before.

BURG: I see. I might say for the record that I am looking at a volume of The Annals of Surgery for May of 1964. That's Volume 159 - No. 5.

HEATON: One five nine, number five.

BURG: Number five. And the x-ray photograph appears--

HEATON: In which Heaton, Ravdin, Blades and Whelan reported, "President Eisenhower's Operation for Regional Enteritis: A Footnote to History," before the Southern Surgical Association, Hot Springs, Virginia, December 10, 1963.

BURG: All right, fine. Thank you very much. Was Mrs. Eisenhower present with him at around midnight when you advised surgery?

HEATON: Yes, all this time. Yes. She had a suite. I put her in a suite right next to the Presidential suite.



BURG: I see.

HEATON: She moved in.

BURG: And may I also assume that there were Secret Service men present?

HEATON: Yes. On that floor, yes, sir.

BURG: Now may I ask, when you first got there that afternoon, were there members of the White House staff or any particular member of the White House staff with the President?

HEATON: I only remember Howard Snyder and Jim Hagerty.

BURG: Hagerty was there.

HEATON: For press.

BURG: Right. The word had gotten out rather quickly.

HEATON: Oh, yes. He was in the hospital.

[Interruption]

BURG: You remarked to me earlier in our conversation that there had been some people who felt that you had been too slow in this

ileitis affair. Were these medical people?

HEATON: No, not particularly. There's an old adage, when I was a student in medicine; I still remember it: "Never let the sun set on a case of intestinal obstruction." And nobody really said anything particularly about waiting too long. I would like, now or later, to refer to those people who criticized me, particularly, for the type of surgery that we did, not necessarily for the timing of the surgery.

BURG: Yes, I remember you mentioned that now. The solution then that was adopted by you, with the concurrence, I assume, of your colleagues, was one that in some medical centers, medical opinion, did not agree with.

HEATON: Now when we opened the abdomen, and I think for a surgeon in years to come who is listening to this, we'll say that we did it through a right paramedian incision. "There was only a moderate amount of straw-colored fluid in the peritoneal cavity. And I felt a lot better when there was no odor to this fluid. There were dense adhesions between the great omentum and the appendectomy scar dating back to 1923 that we mentioned. This brought into view the ileum whose



terminal thirty to forty centimeters presented the typical appearance of chronic, so-called dry, regional ileitis. The involved area was greyish red, thickened, inert and contracted with claw-like projections of mesentery fat to the antimesentery border. The contiguous mesentery was thickened, shortened, and opaque, but there were no large succulent lymph nodes within it. The pathological process just described was sharply demarcated and there were no other involved areas which we describe as skip areas. Now the small bowel proximal to this involved area was greatly dilated," greatly dilated.

BURG: So you're showing me an area of two or three inches across in--

HEATON: "Moderately edematous, but the color was pink and the mesentery adjacent was very normal. An ileotransverse colostomy was performed in continuity by the standard two-layer technique using interrupted silk sutures for the outer layer and continuous, permanent catgut for the inner. And we did the usual policing of the peritoneal cavity with neomycin and we kept our spillage of bowel contents to the minimal. You must remember we had no opportunity to prepare this bowel for surgery like we do for elective surgeries."

BURG: It could not, in other words, be flushed out in a period of time.

HEATON: We prepare a bowel about five days, you know, for elective intestinal surgery. At the conclusion of the operation his blood pressure was 130 over 80, his pulse was 84. His vital statistics were in very, very good shape. He had a little rough postoperative convalescence, but the fifth day he came around, normal peristalsis so we began oral feedings at that time, and at no time was vital signs ever a problem for us. Now he was ambulated early on the second postoperative day and of course daily thereafter. He had official visitors--you asked this question before--Secretary of State [John Foster] Dulles, and Chancellor Konrad Adenaur of West Germany on the fifth postoperative day. And from there on he transacted official business every day thereafter.

BURG: Throughout his convalescence at Walter Reed.

HEATON: Yes. He was there not quite three weeks. As I told you beforehand, Mrs. Heaton and I went with them to Gettysburg for further convalescence on the idea that our wedding dates were

approximate, 30 June and 1 July.

BURG: With Secretary [Neil] McElroy, too.

HEATON: McElroy, later on, the next year afterwards celebrated with us too; his is 29 June. And while there at Gettysburg with him, we, every day, increased his exercise by walking to various planted trees. You remember the states had all given him trees for his driveway.



BURG: Yes, yes I do.

HEATON: Well we'd walk to North Carolina one day and then beyond to Idaho or wherever it was. That's the way we kept track of the increasing exercise. And then we got out and putted on his green and then, as he got stronger, we pitched to the green, his golf green. And that's the way we brought him around. Also he had a little infection in the wound, upper third of the wound that I was dressing every day, and that finally healed all right. With these people, like he, they've always got target dates. I don't know why. Walter Reed is peculiar that way. Everybody that comes to Walter Reed, of course they're important people, they have target dates. I

remember very well, going back now, when he was going under the anesthesia, he said, "Leonard," he said, "I got to get back to the White House on Wednesday. Be sure to get me back down there."

BURG: On Wednesday!

HEATON: Wednesday!

BURG: God help us.

HEATON: I said, "Yes, sir." And then he went out.

BURG: Getting the last word with the President.

Well, when you had him in Walter Reed, you had him ambulatory on the second postoperative day and he was seeing at least two official visitors on the fifth day, do you happen to remember offhand, sir, what kind of work routine you permitted him, let us say, in that second week at Walter Reed? About how much of the day would you permit him to conduct any kind of official business?

HEATON: Oh, till he got tired. I impressed on him, "Don't



stress your systems now." But of course I wasn't in there on his official visits, these official transactions with him. But it didn't compromise him any. I said, "When you get tired, just quit." You remember I told you before he'd do what you told him to, I mean the doctor.

BURG: Yes. So you didn't really need to watchdog him with a--

HEATON: No, sir! No, he was disciplined.

BURG: --member of the staff.

HEATON: No, sir. I had no fears there at all that he would overstrain himself.

BURG: Now you went down with Mrs. Heaton to Gettysburg. Was that an unusual thing for you to do, sir?

HEATON: Not necessarily. He was the President, and we had an infected wound. And he still hadn't gained his strength. He was going to Panama, you remember, in August I think it was. In August. Very important occasion. This was another target date I was telling you about. "Got to get me ready to go to Panama." Well I had to heal this infection and we had to get



him in physical shape. And he was at that time. We were up there with them, oh, about two and a half weeks in Gettysburg.

BURG: You simply stayed in a guest room there at the--

HEATON: Guest cottage.

BURG: The guest cottage at the farm.

HEATON: Cute little guest cottage. Yes, sir.

BURG: Now it was a kindness to have your wife accompany you.

HEATON: Yes. That was very nice.



BURG: Had the President suggested that it be done that way?

HEATON: I presume so, with Mrs. Eisenhower. But they were very nice to us and had all our meals there and they couldn't have been more hospitable. Of course I took care of him every day.

BURG: Now am I correct in saying that, in effect, you were the surgeon in charge--

HEATON: Yes, I was.

BURG: --of that operation.

HEATON: I was.

BURG: Your other three men, although there is at least one man there whose name you had not given me--[T.J.] Whelan--was he part of the Walter Reed--

HEATON: Not at that time.

BURG: I see.

HEATON: Not at that time. I brought him in in the writing of this paper. He was the chief surgeon at Walter Reed seven years after this when I prepared this.

BURG: I see.

HEATON: Yes. I remember in the office up there in the ward, I forget now who said, "Well, who's going to do the surgery?" And Dr. Ravdin said, "Well I think Leonard should." And all three of them said, "Well we think so, too." So I was it. I did it. Dr. Ravdin assisted me. Dr. Blades and Dr. Lyons did not scrub up. They were not in on the surgery. I remember



very well we laid out all of this anatomy and pathology of the ileum, Dr. Blades--standing right behind me--said to me, "Leonard if you resect that bowel, I'm going to have your license taken away from you." I said, "Bryan, you know this is the accepted method of treatment," because we had had our share of ileitis at Walter Reed and other areas. But it never entered my mind. "I mean we've got to get this patient off the operating table. And we got to do it damn fast." He said, "I agree with you." And we all agreed that the surgery we did, an ileotransverse colostomy in continuity, would relieve this intestinal obstruction.



BURG: And that was based also on your observation of what lay within the cavity when you opened up--

HEATON: That's right. Could I discuss this a little further?


BURG: Do you want me to turn this off for a moment?

HEATON: Turn it off.

[Interruption]

BURG: General Heaton has stopped just long enough to ask me if

he may enter from the volume of the Annals of Surgery further passages which are sort of in rebuttal to criticism that he had received with respect to the surgical techniques that they used. So, please, General, go ahead, and enter that into this record.

HEATON: "From the strictly surgical point of view, there exists a necessity of explaining our use of a procedure that is the in continuity bypass which is considered by most authorities and by ourselves as an inferior procedure in the surgical management of the majority of cases of regional ileitis. 

Resectional therapy or bypass in discontinuity are our preferred procedures for treating florid or so-called wet types of regional enteritis and there was considerable criticism of our use of the operation that we had chosen. The reasons for our use of ileotransverse colostomy in continuity were as follows:

1. Surgical operation was primarily designed to relieve ileo obstruction and had to be performed expeditiously.

2. President Eisenhower's regional enteritis, ileitis, was not of the wet type. Instead it was typical of the life history of the disease as it progressed through the florid stage without the development of complications requiring

operation in his younger years, which is the usual experience. It went on to reach the thickened, dry or burned-out stage that it is unlikely, extremely unlikely to progress or recur.

3. The operation was performed as an emergency procedure which made it impossible to prepare the bowel for major resectional therapy. In addition it was thought that the resection would be too much surgery in a patient who had had a relatively recent myocardial infarct.

4. It was thought unwise to perform the ileotransverse colostomy in discontinuity for two reasons: If the distal ileum after transection were closed proximal to an obstruction and dropped back into the abdomen, there was a great risk of a blow-out, a risk believed to be too ominous. And two, if this procedure had been elected, then it would have been necessary to create an ileofistula or safety which would have lengthened the duration of the operation and would have necessitated a second operative procedure later."

That's bringing out this diseased portion of the bowel onto the abdominal wall as a fistula and then when things quieted down, you'd go back in and do the necessary surgery,



the resection and connection up and of course sew up the area where the fistula was. Now I was the only one around that operating table that morning that knew this gentleman was going to run again. And that would have been a very, very sobering experience for him to awaken and find out that he had this bowel out on the open abdominal wall, which would have necessitated further operation. And I think that would have influenced him in his decision to run again.



BURG: How long might it have been out on the abdominal wall?

HEATON: It would have been out on the abdominal wall till he recovered fully. We'd have had to go back in there, I'd say a month or six weeks, and done this major resectional therapy, resecting this involved area, right colon, bring up the small bowel and anastomose it to the midtransverse colon. That would have taken four to six weeks to recover from that. You're talking about three to four months, there's no question.

BURG: Yes. Plus the additional strain on a man--

HEATON: On a man already had a heart attack.

BURG: Yes.

HEATON: Now I didn't want to do this in discontinuity for another reason, because I'd had two blow-outs. When I dropped the closed bowel back into the abdomen, I had two of them blow out on me. And that would have been a catastrophic occurrence with the President of the United States to have had that, and I think he would have. Because nothing could get through this bowel into the large bowel and we would just have had a build up against our suture line, and I was very fearful of that.

"Now comments on the selection of this operation arrived by letter and by wire from numerous known and unknown colleagues, many of them surgeons, many of them from decidedly remote specialities. A professor of preventive medicine, for instance, did not think that the bypass we had created could possibly prove competent. We came to welcome the opinion of the physicians who lended their public statements to the effect that only surgeons with a close-up view of the Eisenhower peritoneal cavity had any right to comment on what had been done within it. One reporter stated it quite well when he wrote that criticism multiplied in direct ratio with the distance of the critics from the operating room and from the patient. We wish to

emphasize again that regional enteritis, regional ileitis was not our immediate problem. I can't stress that too much! And those that still are concerned can't seem to realize what we're trying to say. Our overwhelming problem was how best to handle a patient with obstruction, complete obstruction of the terminal small bowel; a patient who had not responded to conservative measures and a patient whose blood chemistry tests had been affected unfavorably by the duration of the obstruction, a patient who was sixty-five years old who had had a background of recent heart disease, and finally a patient who required emergency operation who therefore could not undergo the regimen considered desirable if not imperative in intestinal resections."

Now we published this article as we stated to you, read it before the Southern Surgical Association, and our conclusions, I'd like to re-emphasize, as follows: "Seven and one-half years have passed, at the time we presented this article, since that memorable night in June 1956 and during this time General Eisenhower has remained without symptoms from the diseased terminal ileum, which was then bypassed. The lesion as observed on x-rays of the small bowel appears the same in May 1963 as it did in May 1956. There's been no development of new areas.

The disease therefore has remained static and the obstructive symptoms for which the operation was performed have been completely relieved by the ileotransverse colostomy in continuity. We have never waivered in our belief that time would justify the decision made during those fateful hours."

BURG: Now, General, you knew at the time that you operated that his decision was to run. He had told you that.

HEATON: Yes.



BURG: He felt that that was something you needed to know--

HEATON: Not necessarily. I don't know when he told me that. How he told it to me, I don't remember, but I had the distinct knowledge or impression that he was going to run in November, 1956, for a second term.

BURG: You believe that he told you.

HEATON: And you remember I had a press conference, naturally I had to have one, some of us did, that morning after the surgery. I didn't have any particular feeling during the

surgical procedure, but I'd been up all night and went home and got cleaned up, was told I had to hold a press conference and I began to realize I'd operated on the President of the United States and I really got a little shaky myself. I think I had a right to feel that way. Somebody asked me in that press conference, "Will this surgery prevent him from running again?"--or words to that effect. And I said, and I remember very well, "Absolutely not." And several columnists really took me apart for that: "Who was I to stand up there and run him for the Presidency?" I was answering a professional question.

BURG: Yes. I would think anyone would see it.



HEATON: I forget the name of the columnist--I wouldn't even want to remember--but one in particular I remember in Washington was quite upset that I would make statements like that.

BURG: And you had been asked your medical opinion.

HEATON: He or she, whoever it was, construed the fact that I was pushing him to run again. I was just answering the question in a professional way.

BURG: Of course. Am I right in thinking that you had risen very early in the morning, had been flown to Washington, had called in your colleagues, you'd consulted, began the surgery after midnight then into the following day, finished it at four something in the morning, got cleaned up and then had to face the press. You had not slept in that period of time.

HEATON: No. I hadn't had any--not at all. None.



BURG: Now I would say that you had every right to be a little shaky at the idea of facing--

HEATON: Yes. I was really shaky and particularly the fact that, here, "Who are you to be operating on a President of the United States? Judas Priest!" That's pretty serious business. Very serious.

BURG: Now was it at that time or was it later--I'm sorry I do not have the facts here at my beck and call--that you signed a letter with respect to, it seems to me that it came at the request of the President, that the President was rather concerned about succession. Was it at this time? Or did it follow the, what would we call it, the later stroke which affected his

speech and motor responses? I believe that he includes some or all of that letter in one of the two books that he wrote on the White House years.

HEATON: That I signed a letter about succession?



BURG: Yes. It seems to me that he had sought your medical opinion; that his idea was that if something should incapacitate him in the manner for example in which Mr. Wilson, Woodrow Wilson, had been incapacitated, that you would be consulted with others with respect to his ability to handle his job. Do you recollect that? I wondered whether it was after the ileitis or whether it was that third medical problem.

HEATON: It may have been after that mild cerebral episode that he had. I think it was after that. There was some dignitary visiting here at that time.

BURG: Yes. And he was due to meet with that man.

HEATON: And General Howard Snyder called me and a cardiologist and a neurologist down from Walter Reed and he called in a neurologist from New York City now that you bring this up. Very fine gentleman, I don't remember his name, but a very

renowned one. And it was sort of shocking to see a President who wanted to talk and wanted to say something to you and he couldn't, that goes with this business. But on the other hand it was very reassuring that in immediate hours there was very obvious recovery.

BURG: Did you see him at the White House, or again had they brought him to Walter Reed?

HEATON: No he was at the White House when I saw him that morning. He stayed there; we took care of him down there. And he came out of this very well, very well. I don't remember the duration, but it wasn't long. It wasn't long at all, and really I wasn't too much involved in this because it was a medical problem. Of course I kept in very close touch with Howard Snyder on this. I think what you're saying now was right after that, that he said there was to be a unanimity of opinion among the doctors who were intimately acquainted with him and his previous illnesses.

BURG: Yes. That sounds like the one. Now I don't want to put words into your mouth--it must have come as quite a surprise to have Dr. Snyder's call that morning to come down to the White



House--

HEATON: For the--?

BURG: --the cerebral affair.

HEATON: Oh, yes. Yes, sir. Yes, sir.



BURG: Was it totally unexpected in a man of his age? Is that the sort of thing--

HEATON: Not necessarily so. I've had, I had a similar episode myself.

BURG: You did?

HEATON: Yes. Not necessarily so. But you get a little spasm of the middle cerebral artery sometimes, undergoing great strains, great tensions, not a rupture of the vessel and a massive paralysis, not a thrombosis blocking it, but it just is a little spasm, temporary and it relaxes. Not necessarily so. People in positions of great responsibility and stresses and strains will bring that on.

BURG: Since you yourself have had such an episode, I would especially like to ask you how he took that? At the time that you reached the White House, was he calm as he had been in these other affairs?

HEATON: Oh, yes. Yes, sir.

BURG: Again in control.



HEATON: Very calm, very calm, collected and controlled and very put out that he couldn't--he wanted to tell you something and he couldn't say it.

BURG: So his major reaction was one of anger at himself for not being able to--. What does one say to a patient like that? Do you just simply tell him, "Now stay calm, and--"

HEATON: "Simmer down, now, you'll come out of this all right."

BURG: And you spoke of the swiftness with which the recovery began.

HEATON: He began, as I remember, a matter of hours and through the next day or so he was much, much relieved and recovered.

BURG: Now I know that one of the things that bothered him was that he thought and John Eisenhower has said this to me, too, that he was convinced that it had an effect upon his speech after he had recovered from the episode, would almost seem as though he believed it continually bothered him for the remainder of his life.

HEATON: He was sensitive about some slurring.

BURG: Did you notice it? Did you find it--

HEATON: Not particularly, no. John would have noticed it--did John note that to you?

BURG: I think John's opinion was, it might have been true for three or four days but that he was not conscious of it himself in no time at all, but that his father harped about it on many occasions, and he would always, I think, try to reassure his father. "You know, it's not there, you're imagining it."

HEATON: Yes, that's right. He was concerned about hesitancy in his speech and concerning our trip to London for Sir Winston Churchill's funeral.

[Interruption]

HEATON: --in the Dorchester Hotel in our suite, we rehearsed this speech, this tribute. And he said, "I hope I don't have any difficulty tomorrow, Leonard. I hope I don't have any difficulty in saying these words." And I said, "Why you're not going to have any difficulty. You're doing fine. It's a wonderful, wonderful tribute. You're not going to have a bit of hesitancy." And he was pretty nervous, because he was very, very fond of Sir Winston. And this thing went off beautifully. No hitch, no nothing in his delivery.



BURG: I see. Had you gone over it with him at his request?

HEATON: At his request.

BURG: Now he did a great deal of traveling in that second, the second term--

HEATON: Now this is after his retirement.

BURG: Yes, right. I was going to ask, did Dr. Snyder travel with him on--

HEATON: Howard Snyder was with him on every trip, every trip.

The only time I was ever with him, when Howard was along too, was when he asked me to go down to Augusta to play golf at the Augusta National.

BURG: I see.

HEATON: That's the only trips I ever took with him.

BURG: And in this later affair, after the presidency, he asked you as a--

HEATON: He asked me to go to London with him.

BURG: --long-time acquaintanceship with you.

HEATON: That's right.

BURG: --and I understand that then. Now, I was trying to judge from the data in Who's Who whether in the final illness you were placed in such a position that you were involved in that.

HEATON: Oh, yes. Oh, oh, my yes.

BURG: It seemed that you must have been.



HEATON: Oh, my yes. I think you and I should recall that after his retirement from the presidency and residence in Gettysburg we continued to check him thoroughly. But of course those checks were done at Walter Reed Hospital where he would come and spend a night or two with us.

BURG: At least annually.

HEATON: Oh, no. He'd come down at least once every month.

BURG: Oh, for heaven's sakes. I never knew that, sir.

HEATON: Oh, once every month, once every six weeks, and we kept a very close watch on him. I should say here that in this interim we did a gall bladder removal on him, in August 1966. Because he developed, about that time, some indigestion and pain and belching and mild discomfort and the gall bladder x-rays showed the gall bladder full of stones. "And because of the difficulty of differentiating between the substernal pain of gall bladder disease and heart disease and after consultation with due consideration given to the patient's general physical condition, operation was recommended and carried out without difficulty and with no trouble to him whatsoever."

BURG: Were you the surgeon in charge?

HEATON: I operated on him there, yes.



BURG: And judging from what you are now looking at, the small pamphlet, or reprint, have you also written that up?

HEATON: I wrote this with General Carl Hughes when I was Surgeon General, Joseph H. Baugh, B-a-u-g-h, assistant chief of surgery at Walter Reed, Lewis A. Mologne, M-o-l-o-g-n-e, and myself. I wanted to bring these two young men in on this to give them some notoriety because they'd been with me, with the President, or now General Eisenhower. And this was written up and delivered before the annual meeting of the Southern Surgical Association, December 7, 1970 at Boca Raton, Florida. The paper is entitled, "A Review of the Late General Eisenhower's Operations: Epilog to a Footnote to History", published in the Annals of Surgery, Vol. 173, No. 5, May of 1971. It's a resume of all of his surgical procedures, including the ileitis, the gall bladder, and the operation for an intestinal obstruction which General Hughes and I did on 21 February 1969. He had a developing pain in the abdomen with resulting distention and all the signs and symptoms of a serious bowel



obstruction and we were forced to open up his abdomen and relieve the obstruction which we did on the date that I just mentioned and found that there was a loop of distal ileum about eighteen inches proximal to the previous ileocolostomy site adherent to the abdominal wall. And we just relieve the obstruction of that loop and got out. This was in February, and, unfortunately, it was in the midst of all these cardiac heart attacks, but we had to do the surgery just to save his life. I will say here and we noted it in this paper that the terminal illness of Dwight D. Eisenhower began 29 April 1968 when he suffered his fourth, his fourth heart attack at his home in Palm Desert, California. He was cared for very well at near-by March Air Force Base and subsequently transferred to Walter Reed General Hospital on the 14th of May 1968. I sent my top heart man out there and a nurse, a nurse that I was going to assign to him, and there were three around the clock, to bring him back. The air force, of course, transported him on one of their planes. I'm now reading from this article which I think is very important.

"At Walter Reed he continued to convalesce smoothly even to walking the corridor of his ward several times a day.

Suddenly on the 15th of June he sustained another major heart attack which was, according to the ECG and other laboratory evidence, probably of greater magnitude than the attack in April. He showed his usual and remarkable recuperative powers and was making steady progress toward recovery when he suffered his sixth attack. He again rallied but more slowly and correspondingly more conservatism was practiced in regulating his activity. Then on the 16th of August he sustained his seventh heart attack. He had been continuously monitored on an ECG oscilloscope with a specially qualified medical officer in attendance around the clock"--twenty-four hours a day. "The seventh heart attack differed from the others in that there was little additional evidence of heart muscle damage. Rather, on this 16th day of August without any apparent precipitating cause, his heart went into ventricular fibrillation and previously calibrated DC electrodes were applied to his chest and he was defibrillated." If you don't do that right away, you die.

BURG: I see.

HEATON: "During the period from 16 August through 24 August this sequence of events occurred and was successfully countered on fourteen separate occasions--"

BURG: My God!



HEATON: "--including 17 August when he was defibrillated four times. It is scarcely an exaggeration to state that he 'died', quote-unquote, fourteen times. Efforts were made to prevent these episodes through the use of recognized drugs and one or two experimental drugs. He did not require defibrillation after 24 August." This is very important. "One of the most remarkable and fortunate things about all of this is that although he was unconscious a number of times his intellectual functions, memory and recall and interest in current events were not compromised."

BURG: That was what I was going to ask. Remarkable.

HEATON: "His energy reserve was so low, however, that his activities were restricted to three periods of forty-five minutes each out of bed every day. His morale and spirits were magnificent considering all he had been through."

BURG: I see. Did you discuss with him the prognosis.

HEATON: Oh, he realized it.

BURG: He knew it.

HEATON: He was terribly, terribly grateful to these boys who, the minute this started fibrillating, went in there and defibrillated.

BURG: They were there.

HEATON: That was around the clock. And he was most, most grateful. And he knew the seriousness, oh, yes. Oh, yes.

BURG: Did it go so far, General, as that he knew he was not going to leave there?

HEATON: Oh, I think so. I think so. Although we never, you never destroy hope. You never, never do that. I kept telling him about, talking to him about golf and we'd play again and I'd joke--"I'll get strokes from you like I should have gotten before"--and all that kind of stuff. I think deep down he realized the lingering and ultimate seriousness of this. He couldn't help it with all this--fourteen times.

BURG: Yes. His mind remained clear, well, to the end.

HEATON: I couldn't write that, maybe somebody could have written it better than I, but I wanted to bring that out--that

here was a man that, my goodness, was not compromised in any way whatsoever as regards his memory, recall, and interest in current events.

BURG: Now his wife remained there on the scene--

HEATON: With him all the time.

BURG: --again you had provided a suite for her.

HEATON: Yes, sir. Suite next door. Same suite.

BURG: How did she bear up, General?

HEATON: Oh, very well. Very well. Mamie's got a lot of courage. She's a great lady. She really is.

BURG: Were you there at the end, General?

HEATON: You read John's book?

BURG: Yes, Strictly Personal?

HEATON: I thought I had it marked here, guess I didn't.

[Interruption]



HEATON: Would you like for me to read this from John's book, Strictly Personal about those last--

BURG: Yes, if you would.



HEATON: "On Thursday evening, March 27, I [John Eisenhower] went as usual to the little hallway outside the Boss's bedroom. The electrocardiogram machine, which gave a visual picture of his heartbeat, showed just the slightest bit of improvement. But when I went into the room to say good night, the Boss indicated openly that this was the end and the sooner the better. He winced when I told him that his pattern on the cardiogram had slightly improved. I went to bed uncertain whether we had just been through another false alarm, but the sight of the Boss made me resolve to avoid ever being placed in a hospital where my life would be artificially prolonged. The next morning Barbara and I were awakened at 8:20 by a telephone call from Dr. Frederic Hughes, commandant of the hospital. 'The end will be coming pretty soon,' he said. Barbara and I hastily dressed, alerted David, and headed for Ward Eight." That where the Presidential Suite is. "As we tiptoed into Dad's room I turned to David and told him to stay out. 'I've seen death many times,'



I said, 'and this is not for you.' David said nothing and merely followed me in.

At 9 a.m. the Boss began to make his final preparations. Mother, David, and I were at the bedside along with General Heaton, the doctors, and a nurse. Suddenly he barked out a fully intelligible command: 'Lower the shades!' This being done with speed, the room became nearly dark, the gloom broken only by streaks of bright sunlight that the venetian blinds could not completely blot out. The Boss then turned to Doc Hall and me and said, 'Pull me up.' We pulled him on the bed to a point where we thought he was high enough. He looked from side to side at us. 'Two big men,' he growled. 'Higher.' We pulled him higher.

This done, Dad looked up at me and said softly, 'I want to go; God take me.' He then seemed to relax. One of the doctors gave him a shot of sedative. As it turned out, he never regained consciousness.

The moment had not yet come, however, and the family went across the hall to the dining room for a cup of coffee and a chat with James Rowley, head of the Secret Service. Shortly after

twelve noon we were summoned back into the bedroom where, with Mother holding the Boss's hand, David and I standing stiffly at each corner of the bed, we watched the picture on the machine flutter and even out. Mother, David, and I began filing out of the room.

Something told me to go back. I stopped in the doorway and returned to the foot of the bed. On the machine the heart showed a final beat. General Heaton and I looked at our watches together. It was 12:35 p.m., March 28, 1969."

BURG: So we have there an account with which you fully concur.

HEATON: Fully concur.

BURG: It was as you saw it.

HEATON: In its accuracy, I fully concur.

BURG: Thank you very much for that.

HEATON: Could I read my last--. I'm sorry.

BURG: It's all right sir. And by all means, do.

[Interruption]

BURG: And we're back on again.



HEATON: This is my final note on our report of "The Late General Eisenhower's Operations." "It is altogether fitting that the final chapter in the life of Dwight David Eisenhower be presented before the Southern Surgical Association. As noted, we told the story of his ileitis, with his permission, before this association at the Homestead, December, 1963. In the lives of some men and women there comes the opportunity to serve the mighty. Such has been our good fortune and high privilege. Our lives are much richer in the finer things of life because of this association with him. This great world figure had a style, a presence, a personality, a forcefulness of mind, a strength and grace of spirit that set him apart. He is gone now, but the memories of his courage, his understanding, integrity, honesty and love of country will live always with us." Signed, Leonard D. Heaton.

BURG: Well a very nice closing remark. And I would like to thank you so much, General Heaton, for your courtesy to me this afternoon. Thank you.

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HEATON: Well you're more than welcome and I'm very privileged and proud to have done this little contribution.

BURG: Thank you, sir.

