Abraham Lincoln's death revisited

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Did John Wilkes Booth shoot a dying man?

That's the controversial conclusion reached by Palo Alto physician and amateur historian John Sotos, who says that President Abraham Lincoln was suffering from a lethal genetic cancer syndrome when he was shot at Ford's Theatre 143 years ago today.

"Lincoln was a rare man with a rare disease," said Sotos. He has self-published a 300-page book and 400-page database to support his conclusion, based on an exhaustive analysis of Lincoln photographs and historical eyewitness descriptions of the president's health. "This solves a puzzle."

While most Americans only reflect on dead presidents during long weekends in February, Sotos and other physician historians pore over ancient accounts of long-gone symptoms, studying aches and pains as if the patient had stepped out of the grave into the clinic.

These hobbyists have crafted a collection of retrospective diagnoses: George Washington may have suffered dementia during his last years in office; James Madison suffered seizures; Calvin Coolidge grew depressed after the death of his son; after a lifetime of heavy drinking, Franklin Pierce died of cirrhosis of the liver.

Lincoln's health has fascinated medical sleuths. In 1962, it was suggested that his great height and long limbs were linked to a genetic disorder called Marfan syndrome. Others have proposed alternate ailments - Ehlers-Danlos syndrome, perhaps, or Stickler syndrome. Some say he suffered from depression or exhaustion.

The late president's health had long puzzled Sotos.

Last year, while assembling a medical database about the 16th president, Sotos read an unrelated article about thyroid cancer, the deadly and inevitable outcome of multiple endocrine neoplasia type 2B, or MEN 2B.

Many of the symptoms matched Lincoln's, and at 3:15 a.m., Sotos made a link. The condition, which causes aggressive thyroid cancer, explains Lincoln's lanky build, chronic constipation, hooded eyes, asymmetric jaw and the lumps on his lips, he said. His health was weakening in the months prior to the assassination, Sotos asserts.

If true, Lincoln's death could have been messy and lingering, Sotos speculates, not sudden and shocking. For a nation in post-war turmoil, "it would have been a much different ending."

The medical community is divided on the theory.

"Sotos has presented a very compelling case," said Dr. Charis Eng, director of the Genomic Medicine Institute of the Cleveland Clinic Foundation. "It is fascinating. But the jury is still out."
More skeptical is Dr. Jeffrey F. Moley, an expert in the disease at Washington University in St. Louis. "I strongly doubt that Lincoln had MEN 2B. I have seen a hundred patients with MEN 2B and I see none of the characteristic features. It's very, very unlikely."

This isn't the first president Sotos has diagnosed, living or dead. He's compiled meticulous medical histories on all 43 U.S. presidents - as well as Vice President Dick Cheney ("a vasculopath with an almost 30-year history of coronary atherosclerosis.") He diagnosed severe sleep apnea in William Taft and graphed the president's weight gains and losses.

Other projects include a "Periodic Table of the Senators," where legislators are arranged horizontally from the liberal left to the conservative right, in shades of blue and red. He's compiled biographies of every NASA astronaut and designed an online calculator that weighs the risk of mad cow disease vs. heart attack.

A cardiologist, colonel and chief flight surgeon in the California Air National Guard, Sotos is also a medical consultant to the TV show "House, M. D." and has founded the company Apneos, which builds devices to treat sleep apnea.

"I enjoy peeling back the boundaries of my ignorance," he said. His interests are so vast that Sotos earned his math degree from Dartmouth and a medical degree from Johns Hopkins before coming to Palo Alto to study artificial intelligence at Stanford.

Unmarried, the 50-year-old surrounds himself with rich friendships. An insatiable reader, Sotos walks the Stanford "Dish" trail two hours a day - nose in a book.

"It's paved. Except for the time I stepped on a snake, it's completely safe."

Longtime friend and former Johns Hopkins colleague Dr. Hugh Rienhoff calls him "a polymath - a fascinating character who works completely outside the system, adapting to whatever the problem is and moving with ease, rather than being straitjacketed."

"When he focuses, he becomes consumed - which lets him get to the level of granularity that he does," he said. "Once he puts his mind on something, he gets down to bedrock."

Only a DNA sample will prove if Lincoln might have soon died a natural death had Booth lost his nerve. That sample won't come from Lincoln; he's buried in concrete. It won't come from his living descendants; there are none. Only a precious sample of blood, from a saved swath of soiled fabric, would be definitive.

Until then, history offers the best clues.
"Physicians have an obligation to investigate everything that may shed light on their patient's health," said Sotos.

"I have simply approached Lincoln as if he were my patient."

IF YOU'RE INTERESTED

Information on Sotos' book can be found at www.physical-lincoln.com/

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