

# Famous persons with gastrointestinal, liver or pancreatic cancer

Th. Peppas<sup>1</sup>, A. Sotiropoulos<sup>1</sup>, J.K. Triantafillidis<sup>2</sup>, S. Pappas<sup>1</sup>

## INTRODUCTION

Reading through the biographies of the famous, a physician cannot but wonder, how different might history, art, politics, philosophy and so forth, be if an appropriate diagnosis or treatment, achievable and feasible in this century but not on these times, had been available. Diseases that are considered fairly easy to treat nowadays claimed the life of millions, quite often in their prime, even at the first half of the twentieth century. This statement is particularly true for infectious diseases in the pre-antibiotic era, but many more can be readily added in this category. Among the millions one can find illustrious names and famous personalities from every field, whose disease and death, can be described with a considerable level of accuracy as well as being related to the impact of the disease on the person's era. Premature or sudden deaths of great leaders, like Alexander the Great from malaria at the age of 33, Pericles during the plague of Athens in 429 BC, or Simon Bolivar from tuberculosis had a significant toll in the course of history.<sup>1</sup> On the other hand diagnosis of malignant diseases, due to lack of proper diagnostic means was either missed or vaguely mentioned and in a way that an accurate diagnosis or staging by twentieth century standards could not be put firmly. For this reason most of the personalities found to have peptic cancer in literature, both medical and biographical, survey belong to the two last centuries, though there is no doubt that several more will have been missed in the times before them.

*Third Medical<sup>1</sup> and Gastroenterology<sup>2</sup> Department, General Hospital of Nikaea*

*Author for correspondence:*

Dr Theodoros A. Peppas, 24 Ioannou Chrysostomou str., 171 22 Nea Smyrni, Athens, Greece, tel.: 00301-9354316, 00301-4253174, fax: 00301-4916484

## FAMOUS PERSONS WITH GASTROINTESTINAL MALIGNANCY

Napoleon I, Emperor of France, is probably the most famous name among the history personalities reported having a gastrointestinal malignancy. It also happens that he is, probably, the personality that has been the epicentre of more medical papers published, regarding speculation about his death cause, than any other. While no biography, article or book denies his gastric carcinoma<sup>2-7</sup> the question of his death cause is a matter of enormous controversy. The speculations, often stemming from rumour, as well as facts, national pride, as well as scientific motives, about his possible poisoning by the English through either mercury or arsenic rave on, from old journals up to the latest publications<sup>8-13</sup> and the most recent authors, members of the Quebec International Napoleonic Society, by authenticated hairs of Napoleon examination in Toxicology Crime Laboratory of the United States Federal Bureau of Investigation (FBI) claim to have report of arsenic toxic levels.<sup>13</sup>

The fact of gastric cancer, though, remains indisputable, as does the chronicity of stomach symptoms, as clearly shown in the Emperor's portraits over his last 15 years. Napoleon, born in 1769, was carrying a heredity history as his father also had gastric cancer.<sup>2,3</sup> Napoleon's medical history also contained haemoptysis, though no sign of tuberculosis was found in his autopsy, severe bouts of extremely painful dysuria, possibly due to urethral strictures secondary to gonorrhoea and haemorrhoids. Indeed, his severe discomfort due to very painful thrombosed hemorrhoids on the day of the battle of Waterloo, 18 June 1815, might have contributed, or so it is claimed, in the French defeat.<sup>2,14</sup>

His last years of exile in Santa Helena island were plagued by ill health, as vividly described by his own physician Antonmarche, French spelling of the Corsican name Antonmarchi, and the English surgeon Dr A. Ar-

nott report several episodes of constipation, abdominal pain, haematemesis and melaena, as well as advancing emaciation.<sup>15-18</sup> He eventually passed away on May 5, 1821 and an autopsy was performed by Antonmarche and Dr Walter Henry who both conclude on carcinoma of the stomach.<sup>2,15</sup> It might also be added that many physicians who have seen his death mask in the Musee des Invalides in Paris also have the impression of a face emaciated from malignancy, as they so often come along in clinical practice.

There are also strong, well documented, scientific claims in recent literature to support the carcinoma case discarding the poisoning theory, as given at the famous "Debate of the Century" at the Napoleonic Society Meeting in Chicago, Illinois, in September of 1994<sup>19,20</sup> plus a speculation that the type of gastric malignancy might have been a gastric lymphoma.<sup>21</sup>

One of the greatest musicians of all time, Johannes Brahms (1833-1897) died from hepatic cancer. The Hamburg born Brahms lived the greatest majority of his creative years in Vienna and was a very close friend to one of the greatest surgeons of all time, Theodore Bilroth (1829-1894) who was also a keen amateur violonist. When the composer started feeling unwell in 1896 he consulted doctors very reluctantly and missing his great friend who had died two years earlier. Although, even the medical authority of Bilroth could not have saved him, Brahms missed the personal relationship and support he would have certainly received. The diagnosis was liver cancer, incidentally like his father, and was not revealed to Brahms himself. He died in April 1897 and was buried in Vienna's Zentral Friedhof, only 50 years away from Bilroth's grave.<sup>22-24</sup>

Another composer to suffer from malignancy was Claude Debussy (1862-1918) who, following 6 years of haemorrhages, was diagnosed having rectal cancer and underwent an operation in 1915. The operation was fairly successful, but he had to use a colostomy device for the rest of his life and was quite unhappy about it.<sup>23</sup>

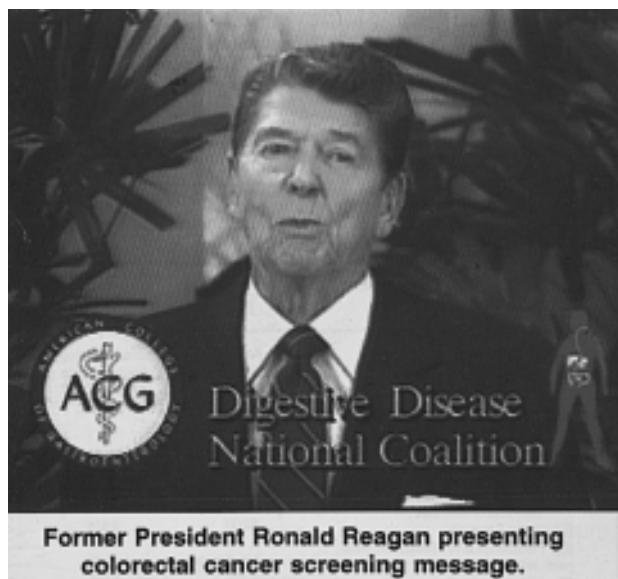
Unhappy with colonic surgery was yet another great French artist. Henri Matisse (1869-1954) a great painter and leading member of the so-called Fauvist movement, along with Georges Rouault, Georges Braque, and Raoul Dufy, had painful experience with surgeons. Indeed, he turned to painting, having studied Law, when he was forced to stay in bed for one year following post-surgical complications after appendix operation. He had already refused surgery for chololithiasis when colorectal cancer was diagnosed. He accepted, quite reluctantly, to undergo surgery by the most distinguished surgeons of

his time. Yet, his fears came true because surgical trauma infection and hernia did occur.<sup>25,26</sup>

One of the most famous names, not only to have colonic cancer, but also to create a great beneficiary impact in preventive medicine endoscopy was President Reagan. Ronald W. Reagan (born 1911), Republican statesman, 40th President of the US 1981-9, a Hollywood actor before entering politics. In 1981, at the age of 69, he became the oldest-ever President of the US. During his presidency news of his colonic cancer broke out<sup>27</sup> and no details were held back from the public, medical or plainmen. Considerable publicity followed with his detailed medical case record freely reported.<sup>28-31</sup> The impact on public opinion was to increase people's awareness over this type of cancer and the value of endoscopy in its prevention. phone calls to the Cancer Information Service about colorectal cancer; and use of early detection tests -proctoscopy and fecal occult blood tests- were increased, an interest and impact similar to the one that Earvin "Magic" Johnson's announcement of being HIV positive had a few years later.<sup>32,33</sup> It is also of interest to note that the American College of Gastroenterology took advantage of the impact that President Reagan's colorectal cancer had on the public by issuing a special poster to promote the value of diagnostic endoscopy (Picture 1). Another famous personality with precisely the same condition and public impact as well is Pope John Paul II (Karol Wojtyla, born 1920-) the man who has travelled more widely on papal missions than any other pope. He underwent endoscopy that did reveal a colon tumour, and like President Reagan, not only did and does well, but also aroused public awareness for the value of endoscopy.<sup>34,35</sup>

Another Pope, yet, did not survive gastric malignancy. Pope John XXIII died of gastric cancer John XXIII (Angelo Giuseppe Roncalli, 1881-1963), born in Bergamo, Pope (1958-63) made energetic efforts to liberalize Roman Catholic policy, especially on social questions. Particularly notable were his encyclicals, Mater et Magistra, on the need to help the poor, and Pacem in Terris, on the need for international peace. Pope John XXIII, died on June 3, 1963 after a long struggle with stomach cancer. He was said to be in considerable pain but lucid in his last hours, as family and Church officials gathered around his bedside to pray. His body was interred in the catacombs of St. Peter's Basilica two days later.<sup>5,34,36</sup>

Cancer claimed the life of two extremely popular and well-known actors in the same decade. There has been well investigated work on the mortality rates of actors from certain causes, and among them, compared with



**Picture 1.** Poster issued by The American College of Gastroenterology for the public after news of President Reagan's colonic cancer (ACG, poster for public domain).

the U.S. mortality rates, significantly elevated proportional mortality ratios were found for all malignancies (1.15), cancers of the colon/rectum (1.32), and pancreas (1.51), among other causes. Colon/rectum and pancreas cancers were not significantly elevated by proportional cancer mortality. No elevations were found for cancers that have been related to hair dye or cosmetic use - ie, breast, ovary, bladder, leukemia, and lymphomas.<sup>37</sup>

As it may be, Audrey Hepburn (1929-93), British actress, born in Belgium, who starred in such films as *Roman Holiday* (1953), for which she won an Oscar, and *War and Peace* (1956), and perhaps best known for her performance as Eliza Doolittle in the film musical *My Fair Lady* (1964). She became a goodwill ambassador for UNICEF in 1986 and worked vigorously for African children. She died in her house near Geneva in January 1993 from colon cancer.<sup>34,38</sup>

Another familiar face to movie fans all over the world, Marcello Mastroianni, was associated with all great Italian directors but will be, probably, remembered most for his amazing style and presence in Fellini's films. Born near Rome, in 1924 he lived his last years in Paris and it was in a Paris hospital that he died in December 1996, at the age of 72, from cancer of the pancreas.<sup>34,38</sup>

It was the same disease, pancreatic cancer, that took the life of comedian Jack Benny in 1974. Born in Waukegan, Illinois 1894 was one of America's best loved come-

dians, mainly through his television show, called *The Jack Benny Show*, which ran from 1950 to 1965.<sup>4,5,38</sup>

## EPILOGUE

It might seem of trivial or encyclopaedic interest alone to learn what kind of disease or diseases the famous had experienced or died from. After all, everyone alive will come to become ill of something and will definitely die from something, no matter how famous or anonymous. However, there are also useful points in their cases that might be of avail and use to individual doctors and the medical community in whole. A physician may use the example of a famous personality to support his/her patients' morale, something particularly necessary in malignant diseases. It does help the patient to know that someone famous had the same problem and survived, as, for instance, Ronald Reagan and Pope John Paul II did, in the case of colonic cancer. The medical society may also capitalize on the aroused public interest, the same way the American College of Gastroenterology did in the Reagan case to ensure that this awareness is also accompanied by public learning about prevention and early detection, both key issues in the field of malignant diseases.

## REFERENCES

- Berger SA, Edberg SC. Infectious Diseases in Persons of Leadership. *Rev Infect Dis* 1984; 6:802-813.
- Robinson JO. The failing health of Napoleon. *J Royal Soc Med* 1979; 72:621-623.
- Burns RL. Napoleon. *Hist. Med.* 1974; 5:4-10.
- Chambers Biographical Dictionary. M. Magnusson (ed), Edinburgh, 1993.
- Chronicle Encyclopedia of History. Dorling Kingswell CD-Rom ISBN 0-7513-1668-7, UK, 1997.
- Taylor B. A medical view of Napoleon I. *Md State Med J.* 1976; 9:35-45.
- Courtney JF. A history and physical on Napoleon Bonaparte. *Med Times* 1971; 99:142-147.
- Godlewski G. Was Napoleon poisoned? *Bull Acad Dent (Paris)* 1964; 8:63-77.
- Fontaine R. Napoleon's death. *Nouv Presse Med.* 1972; 1(42):2838.
- Keynes M. Did Napoleon die from arsenical poisoning? *Lancet* 1994; 344:276.
- Baroni CD. The death of Napoleon between mystery and reality. *Pathologica* 1997; 89(5):475-480.
- Jones DE. Arsenic in Napoleon's wallpaper. *Nature* 1982; 299:626-627.
- Weider B, Fournier JH. Activation analyses of authenticated hairs of Napoleon Bonaparte confirm arsenic poisoning. *Am J Forensic Med Pathol* 1999; 20(4):378-382.

14. Welling DR, Wolff BG, Dozois RR. Piles of defeat. Napoleon at Waterloo. *Dis Colon Rectum* 1988; 31(4):303-305.
15. Haddad FS. Three famous autopsies. *Ann Diagn Pathol* 1999; 3(1):62-65.
16. Hillemand P. Napoleon's physicians on Saint Helena. *Pr-esse Med* 1967; 75(12):631-635.
17. Ronchese F. The real Antonmarchi, last physician to Napoleon. *R I Med J* 1972; 55(11):353-354.
18. Wilson JB. Dr. Archibald Arnott: surgeon to the 20th Foot and physician to Napoleon. *Br Med J* 1975; 3(5978):293-295.
19. Hindmarsh JT. The death of Napoleon Bonaparte: a critical review of the cause. *J Hist Med Allied Sci* 1998; 53(3):201-218.
20. Corso PF, Hindmarsh T. Further scientific evidence of the non-poisonous death of Napoleon. *Sci Prog* 1996; 79:89-96.
21. Espinoza R, Gonzalez C. The fatal disease of Napoleon Bonaparte. *Rev Med Chil* 1996; 124(9):1150-1156.
22. Roses DF. Brahms and Bilroth. *Surgery Gynaecology and Obstetrics* 1986; 183:385-398.
23. Osborne C. *The dictionary of composers* Mac Millan, London, 1981, pp 64-69, 96-99.
24. Schonberg HC. *The lives of the great composers*. MacD-onald Futura Publications, London, 1980.
25. Sandblom P. *Creativity and Disease*, Marion Boyars Ed-itions, London, 1992.
26. Viederman M. An unusual relationship: the final encou-  
nter of Picasso and Matisse. *Psychoanal Q* 1993; 62:615-627.
27. Morgenthau T. The President has cancer. *Newsweek* 1985; 106(5):12-14.
28. Ibrahim MA. Presidential cancer. *Am J Prev Med* 1985; 1(5):1-2.
29. Beahrs OH. The medical history of President Ronald Re-agan. *J Am Coll Surg* 1994; 178(1):86-96.
30. Parker GA. The medical history of President Ronald Re-agan. *J Am Coll Surg* 1994; 179(6):763-764.
31. Marwick C. Staging of President's cancer continues to st-imulate discussion. *JAMA* 1986; 255(19):2533-2536.
32. Fenner W. Public response to Reagan's colon cancer. *J Natl Cancer Inst* 1989; 81(22):1694-1695.
33. Brown ML, Potosky AL. The presidential effect: the pu-  
blic health response to media coverage about Ronald Re-  
agan's colon cancer episode. *Public Opin Q.* 1990; 54(3):317-329.
34. Oxford Interactive Encyclopedia, Learning Company Inc,  
CD-Rom OIE844AU, JK, 1997.
35. Crespi M. The Pope's colon tumor: a lesson in preventive  
medicine. *Gastrointest Endosc* 1992; 38(6):735.
36. Shampo MA. Pope John XXIII (1881-1962). *JAMA* 1972;  
222(12):1535.
37. Depue RH, Kagey BT, Heid MF. A proportional morta-  
lity study of the acting profession. *Am J Ind Med* 1985;  
8(1):57-66.
38. *Twentieth Century Chronicle*, (Greek), Domiki Inc, At-  
hens, 1999.