Kennedy Baby Dies At Boston Hospital; President at Hand

By The Associated Press

BOSTON, Friday, Aug. 9—The new baby boy of President and Mrs. Kennedy died early today, the White House announced at 4:26 A.M. The baby, born Wednesday, had been named Patrick Bouvier Kennedy.

The White House press secretary, Pierre Salinger, placed the time of death at 4:04 A.M.

"The struggle of the baby boy to keep breathing was too much for his heart," Mr. Salinger said.

The President, who spent the night at the Children's Hospital Medical Center, was awakened by doctors at 2:10 A.M.

From that time until the baby's death, Mr. Salinger said, its condition grew worse.

The President's brother, Robert F. Kennedy, the Attorney General, was notified two minutes later at his hotel. He left immediately for the hospital.

With the President when the baby died were Robert

Continued on Page 24, Column 1

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KENNEDY INFANT DIES AT HOSPITAL

Continued From Page 1, Col. 7

Kennedy and David F. Powers of Boston, a Presidential assistant.

Mr. Salinger said the President plans to fly to Otis Air Force Base leaving about 9:15 A. M., to see Mrs. Kennedy.

The baby was christened shortly after birth by Caesarean section early Wednesday afternoon. The baby, 5½ weeks premature, weighed 4 pounds, 10 ounces at birth.

Respiratory distress due to its lungs not being fully developed was apparent to physicians immediately.

In medical language, its ailment was diagnosed as idiopathic respiratory syndrome. In non-medical language, this is a respiratory problem which causes trouble in breathing. It is considered not uncommon in premature births.

It was the failure of the baby's heart, its struggle to keep breathing too much, that caused death, Mr. Salinger's statement indicated.

Shortly after his birth at the Otis Air Force Base hospital, the baby was brought to Children's Medical Center here by ambulance, because of the Boston hospital's extraordinarily fine equipment.

RETURNS TO VIGIL: President Kennedy, accompanied by Mrs. Hugh D. Auchincloss, his mother-in-law, arriving yesterday at Children's Hospital Medical Center, Boston.

Earlier Efforts

By WILIAM M. BLAIR

Special to The New York Times

BOSTON, Aug. 8—President and Mrs. Kennedy's second son seemed to show some gain late tonight after having been placed in a high-pressure oxygen chamber.

The baby, Patrick Bouvier Kennedy, had apparently responded favorably to the unusual treatment for a lung ailment and physicians at Children's Hospital Medical Center planned to keep him in the chamber for the night.

The use of the chamber, a steel tank that is built like a tiny submarine, is to force more oxygen into the day-old baby's lungs.

The President returned to the hospital this evening for his fourth visit of a trying day to be near his son and decided to spend the night in a hospital room. He made the decision after conferring with physicians shortly after 11 P.M. A room with a bed and television set was prepared for him on the fourth floor of the hospital.

With him was David Powers, White House receptionist and close friend. The President's brother, Attorney General Robert F. Kennedy, joined him earlier at the hospital, but left at midnight for a hotel. The Attorney General and Mr. Powers flew together from Washington early this evening.

The decision to put the baby in the chamber was made when the wispy infant, who weighed only 4 pounds 10½ ounces at birth yesterday, began to fade in an incubator.

He had been in the incubator since shortly after he was born yesterday by Caesarean section at the Otis Air Force Base Hospital near Falmouth, Mass. He was brought here by ambulance late yesterday afternoon.

The first medical team with the baby since he was placed in the pressure chamber at 4:41 P.M. emerged at 9:05 P.M.

The team was headed by Dr. James E. Drorbaugh, chief resident pediatrician, who is in charge of the case, and Dr. William F. Bernhard, clinical professor in surgery at the Harvard Medical School and an associate physician of the Children's Center.

Chamber Used in Operations

Dr. Bernhard headed a research project that developed the pressure tank for surgery and other treatment.

The new technique of using oxygen administered under pressure in the chamber with a medical team in attendance has permitted heart operations or "blue babies." Many "blue baby" cases previously had been considered inoperable.

On the way to the hospital tonight from his hotel, Mr. Kennedy signed four minor bills recently passed by Congress, Mr. Salinger reported.

The President informed Mrs. Kennedy of the latest developments by telephone during the dinner hour. She was described as "fine" at Otis Air Force Base near Falmouth, Mass., where she is in the hospital under the care of Dr. John W. Walsh, the Washington obstetrician who delivered Patrick yesterday.

She was given a transfusion of two pints of blood shortly after the baby was born.

The baby was born five and a half weeks prematurely.

Respiration Rate Down

The baby was taken from the fifth-floor room he had been in about 4:30 P.M. He was trundled down in an incubator in which he had been placed shortly after his birth and rushed to Boston by ambulance.

Since being placed in the steel chamber, Mr. Salinger reported the infant's respiration rate has been "going down and he breathes with less effort." He also said other tests, including blood samples, indicated that the baby was showing improvement, but that his condition was still regarded as serious.

A New York physician, Dr. Samuel Levine, also was rushed to Boston late today to consult on the case. Mr. Salinger said Dr. Levine was called because he had "successfully worked" with the premature baby of Mrs. Kennedy's sister, Princess Lee Radziwill.

Dr. Levine is senior professor emeritus of pediatrics at Cornell University. Mr. Salinger said he was located in New York City at 3:35 P.M., rushed to the Butler Aviation Terminal and flown by Air Force Lockheed Jetstar to Boston's Logan International Airport. From there he was taken by helicopter to Fens Stadium near the hospital, arriving at 5:05 P.M.

Mr. Salinger said that the President was aware that the doctors were contemplating putting his new son in the high-pressure chamber, but that he left before it was done.

The white steel chamber is 31 feet long and eight feet in diameter. It has three compartments of equal size, enabling a medical team to work inside with a patient. Each compartment may be sealed off from the others. It is built like a submarine with airlocks and pressure doors.

Before using the pressure tank on humans, the research group headed by Dr. Bernhard conducted a series of some 500 animal experiments to determine its safety and efficacy.

The center compartment houses instruments used to conduct chemical tests necessary to the success of surgical and other procedures. One end compartment houses a small operating room.

In the cardiac surgery that has been performed in the chamber the oxygen pressure was 44 to 55 pounds a square inch. Normal atmospheric pressure at sea level is 14.7 pounds a square inch.

The pressure chamber enables operations to be performed that could not be done in normal operating rooms because of the abnormally low level of blood oxygen such as in the case of "blue babies."

In the latest edition of "Today's Health," Dr. Bernhard is quoted as saying that "this new surgical technique [in cardiac cases] is based on medical information known for more than 100 years; that oxygen saturation of body tissues is increased as environmental air pressure goes up."

Dr. Bernhard's research team discovered that when the "blue baby" patients were placed in the compression chamber and breathed oxygen under increased pressure their blood oxygen increased to 80 to 100 per cent of normal, the article in "Today's Health" said.

"This finding led to the idea that corrective or palliative corrections could be performed in the compression chamber during a period of temporary improvement," it went on.

Before attempting any surgery, the magazine said, the researchers evaluated the effects of forcing pure oxygen into the tissues of four seriously ill "blue babies" who had a variety of congenital heart conditions.

Each patient received 100 per cent of oxygen under high pressure for periods of 60 to 150 minutes. Biochemical evaluations were made of arterial oxygen saturation, oxygen pressure, carbon dioxide pressure and arterial alkalinity-acidity content. Electrocardiogram tracings and blood pressure also were taken.

In the patients studied, the

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