The General's Goiter: The Outcome of a Subtotal Thyroidectomy Performed on United States Army General George Catlett Marshall

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On September 1, 1939, the day that World War II started in Europe, Brigadier General George C Marshall, of the United States Army, was promoted to a 4-star general. He declared his oath, "to defend the United States against all enemies, foreign and domestic" and assumed the duties of chief of staff of the US Army.[1-3] He outranked all other Army officers and was subordinate only to President Franklin Delano Roosevelt (FDR). After the US entry into World War II, General Marshall directed the Army's expansion to more than 8 million soldiers, and assured these citizens were trained and equipped to be victorious combatants. In December 1944, Congress approved his promotion to the extraordinary rank of 5-star General of the Army. Marshall's strategies were the foundation of allied victory. At war's end, Winston Churchill wrote to retiring General Marshall, "You were the architect of victory."[1] US Secretary of War Henry Stimson, who had closely collaborated with Marshall, wrote to President Truman that General Marshall was "the outstanding man among the English speaking soldiers of this war."[4] However, the course of history may have different. Three years before assuming command of the US Army, Brigadier General Marshall had developed atrial fibrillation, and he faced involuntary discharge from the Army for medical cause.[1,3] Marshall's career was saved by an Army surgeon's subtotal thyroidectomy. These events illustrate that the outcomes of some surgical procedures are measurable in an historic dimension.

MARSHALL'S BIOGRAPHY

Marshall was born in 1880 and raised in a small town in western Pennsylvania.[1,3] At Virginia Military Institute, he excelled in the military curriculum, became an ardent admirer of General Stonewall Jackson, and graduated first cadet. Within 2 months of his 21st birthday, Marshall had been commissioned a second lieutenant in the US Army, had married the lovely but frail Elizabeth "Lily" Coles, and had shipped out to fight in a counterinsurgency war in the Philippines. In the first decade of his career, Marshall earned a reputation as an erudite, disciplined, and astute Army officer who solved problems. In the spring of 1917, the US entered World War I, and Captain Marshall was shipped to France with the First Infantry Division, the vanguard of the American Expeditionary Force (AEF). He arrived in June 1917, and in the year that followed, Major (temporary) Marshall supervised the training of the Division's citizen-soldiers. By the summer of 1918 the AEF, despite heavy casualties, were defeating German veterans.[1,3] General John J Pershing, Commanding General of the AEF, ordered Marshall to join his staff. Awarded a field promotion to colonel (temporary) in August 1918, Marshall demonstrated an exceptional ability for assimilating complex information and then formulating lucid written orders.[1,3] After the Armistice on November 11, 1918, General Pershing returned to Washington, DC a national hero. In 1920, Pershing was appointed the US Army chief of staff, and he retained Major Marshall as his aide-de-camp. Marshall, in Congressional testimonies regarding the Army's annual appropriation, honed persuasion skills based on a command of the facts and integrity.[1,3]

Marshall was devoted to Lily. His wife's humor and engaging charm had been a refuge from his austere and rigid military life.[1,3] In the summer of 1927, Lily, already frail from years of mitral regurgitation, weakened, lost weight, and was admitted to Walter Reed Army Hospital (Fig. 1). Her physicians palpated a goiter, and measured her basal metabolic rate (BMR). Basal metabolic rate was the standard diagnostic test available for confirming the clinical diagnosis of hyperthyroidism. Lily's BMR was plus 76 (normal range: minus 10 to plus 10). She had lethal hyperthyroidism.[5] Colonel William L Keller, chief of the surgical service at Walter Reed, performed a subtotal thyroidectomy. He found his excision was challenged by a substernal extension of the gland.[3] In the hours after her surgery, Lily was on the verge of thyrotoxic storm. Lieutenant Colonel Marshall wrote to a friend,

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Figure 1. Lily Marshall, at Tientsin China, September 20, 1926, 1 year before her death after a thyroidectomy. Lieutenant Colonel George Marshall was stationed at Tientsin with the Fifteenth Infantry, September 1924 to May 1927. In 1902, when she married Marshall, Lily told him she had mitral regurgitation, and her doctor had cautioned her never to get pregnant.[1] (Photo #GCM 00075. Image provided courtesy of the George C Marshall Foundation, Lexington, VA.)

"She was subject to prolonged periods of suffocation."[6] She lingered near death for 3 weeks and seemed to improve, before she abruptly died. Lily Marshall's death certificate recorded the cause of death: "myocarditis, chronic with auricular fibrillation-goiter, adenomatous, toxic secondary/contributory."[3]

The widower Marshall was depressed. General Pershing, himself a widower, was a pallbearer at Lily's funeral, and consoled Marshall, "This crisis in your life will pass."[1]The Army ordered Lieutenant Colonel Marshall to Fort Benning, GA to take command of the infantry school. Fort Benning was a rehabilitating environment for Marshall (Fig. 2). Two years after Lily's death, Marshall met a widow, Katherine Tupper Brown, and immediately fell in love.[2] They married in October 1930, and General Pershing served as Marshall's best man.

MARSHALL IS AFFLICTED WITH ATRIAL FIBRILLATION

In May 1936, Colonel Marshall was in Chicago serving as the senior training officer of the Illinois National Guard. His pulse became "rapid, irregular and tumultuous immediately after hurrying for some distance to catch a train."[7] Although Marshall's tachycardia persisted, he retained his usual vigor: "never felt better in my life."[8] Colonel Marshall ignored the palpitations and focused on planning a huge training event—military maneuvers in rural Michigan. For 2 hot weeks in August, Marshall commanded a "red" force of 6,000 troops as they successfully attacked a 3-fold larger "blue" force.[1,8] Marshall, in his after-action report on the maneuvers, stated his prescient conclusion that the US Army was ill prepared to fight a modern mobile war.[3] Returning to Chicago, he received long-awaited news that he was selected for promotion to brigadier general.

On October 1, 1936, the 56-year-old Marshall pinned on a general officer's star and joined the ranks of 36 general officers serving in the Army on active duty at that time. Marshall recognized his promotion to brigadier general created a problem; he was required to have an annual physical examination that would be submitted through the surgeon general to the adjuvant general's administrative files maintained at the War Department on all Army officers. Marshall was scheduled for his first annual physical examination in January 1937. If his physical examination documented his atrial fibrillation, the Army surgeon general would likely conclude Marshall was unfit, and order Brigadier General Marshall's immediate discharge from the Army for medical reasons.[1,3] There was good news that came with his promotion to brigadier general; Marshall was assigned command of the US Army's 5th Brigade, whose 20,000 soldiers were billeted throughout the Pacific Northwest. There Marshall and Katherine delighted in their new home at Vancouver Barracks, a scenic Army base located on the north banks of the Columbia River near Vancouver, WA.[2]

A CONSULTATION WITH DR T HOMER COFFEN

Soon after arrival at Vancouver Barracks at the end of October 1936, Brigadier General Marshall, concerned about his "tumultuous heart," "commenced a carefu[l] series of tests" at the Station Hospital located on the Barracks' grounds.[8] Informed he had atrial fibrillation, Marshall decided to seek the advice of a civilian, Dr T Homer Coffen, whom Marshall described as "heart expert of the northwest."[8] In a letter to General Pershing, Marshall described Dr Coffen's diagnosis: "…the leading specialist of the northwest believed that pressure of an enlarged thyroid was the trouble."[9]

Dr T Homer Coffen was a civilian internal medicine physician whose private practice medical office was located in downtown Portland, OR, 8 miles from