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The Harlem assassination attempt on Martin Luther King, Jr.

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On September 20, 1958, in a Harlem department store, a mentally ill black woman stabbed Martin Luther King, Jr. (1929–1968), in the chest with a letter opener. The tip of the knife only a fraction of an inch away from his aorta, he narrowly missed death. The momentous events in the civil rights movement in the decade that followed, including his assassination in Memphis in 1968, eclipsed the memory of the earlier attempt on his life. But King recalled the stabbing in one of his most famous speeches, his “Mountaintop” oration in which he prophesied his death which came only hours later.

The story illustrates why physicians must exert extra care when they care for very important people (VIPs).

Doctors treat a VIP differently out of deference to their wealth and celebrity, and often to the patient's detriment. In King's case, in spite of the urgency to deal with his injury, the staff at Harlem Hospital delayed surgery to wait for Director of Surgery Aubré de Lambert Maynard (1901–1999) to show up. Such alterations to the standards of care may be yet another hazard of fame.

Maynard claimed to have performed King's surgery, relating all the details of the operation and never failing to emphasize the harrowing location of the tip of the blade. But while the description of the position of the knife was true, Maynard's account was a fabrication. It is generously seen today as an odd delusion of a self-important surgeon desperate to be seen as being a key player in a historic moment.

King's visit

King had come to Harlem to promote his first book, *Stride Toward Freedom: The Montgomery Story*,^{1,2} his account of the year-long boycott that began with Rosa

Park's arrest on December 1, 1955, and ended with the Supreme Court decision that desegregated the Alabama city's bus system on December 17, 1956. With youth, charisma, and heroism, King, not yet thirty, had emerged from the episode as the civil rights movement's most visible figure.

King's trip to New York City began with a television appearance on the *Today* show, followed by an outdoor rally in front of Hotel Theresa in Harlem. It was a state election year and politicians maneuvered to share the dais with King, including rivals for the New York governorship W. Averill Harriman and Nelson Rockefeller. Thousands filled the street in front of the hotel.¹

In the crowd was Izola Curry, a forty-two-year-old loner, African American who favored rhinestone-rimmed glasses, dangly earrings, and flashy garb. Neighbors knew her from her very public rants against street preachers. The FBI received letters from her demanding to know why communist agents were out to get her. Widespread suspicion that communists were behind the growing civil rights movement helped fuel the increasing political backlash against King, obscuring the racism fueling the opposition. King, both a preacher and civil rights activist, was doubly suspect in Curry's disjointed reasoning. She wandered in the crowd, haranguing against communists, Caucasians, and especially huckster preachers like King.^{1,3}

Manhattan borough president Hulan Jack heard the taunts and heckling from the platform. He expressed his apprehension to King as they stepped down. King replied, "Oh God, don't get a bodyguard!" And to William Rowe, Jack's assistant, "And don't you try to act like one, either."^{1p63}

The stabbing

The next afternoon, Blumstein's department store on West 125th Street held a book signing in its shoe department. King signed books and chatted with admirers. At 3:30 PM Curry made her way through the crowd to face King. She clutched a curved eight-inch Japanese penknife with an ivory handle, and carried a .32 caliber automatic pistol in her purse.

"Is this Martin Luther King?" she asked as she walked straight up to King, hands concealed in her raincoat. "Yes, it is," replied King, certain this was just one more of the many fans he had been greeting for four days. Suddenly Curry brought her hand out of her raincoat in an arc. Instinctively, King yanked his left arm up to block the letter opener, cutting his left hand as Curry plunged the

blade into his chest. Quickly a bystander knocked Curry's hand away from the blade before she could pull it out and stab King again. "I've been after him for six years!" shouted Curry. "I'm glad I done it!" Curry started to run. A group of women who had been flanking King began chasing her, brandishing umbrellas and shouting, "Catch her! Don't let her go!" Before they could reach her, the store's floor manager blocked their path. Walter Pettiford, an advertising executive for the *New York Amsterdam News*, the city's principal Negro-owned newspaper, grabbed Curry's left arm and swung her around so that he could grab her other arm. Then he proceeded to lead her toward the front of the store hoping to locate a store detective. As he held her, Curry kept repeating, "Dr. King has ruined my life! He is no good! The NAACP is no good, it's communistic. I've been after him for six years. I finally was able to get him now!" Shortly afterward, I. B. Blumstein himself showed up with a security guard, who handcuffed her.^{1pp66-67}

King remained alert throughout the episode, the penknife in his chest. He tried to calm those around him. "That's all right!" he said. "That's all right. Everything is going to be all right!" Arthur Spingarn, national president of the NAACP, held King's hand and tried to comfort him as they awaited an ambulance. Bystanders debated whether to remove the knife. One, cooler and more knowledgeable, insisted that no one touch it.

At 3:38 PM, a phone at Mrs. Constance Jennings' desk at Harlem Hospital rang. A man had been stabbed in the chest at Blumstein's and needed an ambulance right away. Minutes later Ronald Adams, a driver, and Mrs. Russie Lee, a licensed practical nurse, sped down Seventh Avenue toward the store. On their arrival, Lee saw King still seated and alert. She calmly repeated the instructions not to touch the knife. King was lifted in the chair to the back entrance of the store while Adams brought the ambulance. Lee remained at his side during the return trip to the hospital.¹

The hospital and surgeons

Harlem Hospital was a 900-bed facility typical of a public hospital of the time. Patients unable to afford a private physician filled the facility. Interns and residents, nominally under the supervision of an attending physician, provided most of the care, but senior staff had private practices at separate offices and other hospitals. Trainees therefore routinely had free rein to manage patients on their own, and, as a result, gained an outstanding clinical

education, with a large volume of patients with a wide range of illnesses. The drawbacks of inadequate resources and lack of supervision, however, were undeniable. Informed patients and their doctors stayed clear of public hospitals like Harlem Hospital when they, or anyone they knew, needed medical attention.¹

Among the public hospitals in New York there was also a pecking order. Three medical schools sent their trainees to Bellevue Hospital, the largest in New York. Harlem Hospital, recently integrated, had no such affiliation. It was one of only four training programs in the country at which African-Americans could receive training beyond their internship year. Harlem Hospital, with its biracial attending and resident staffs, was considered to be several steps below Bellevue, so that taking King there led quickly to gossip and second-guessing among the public, and in the medical community.¹

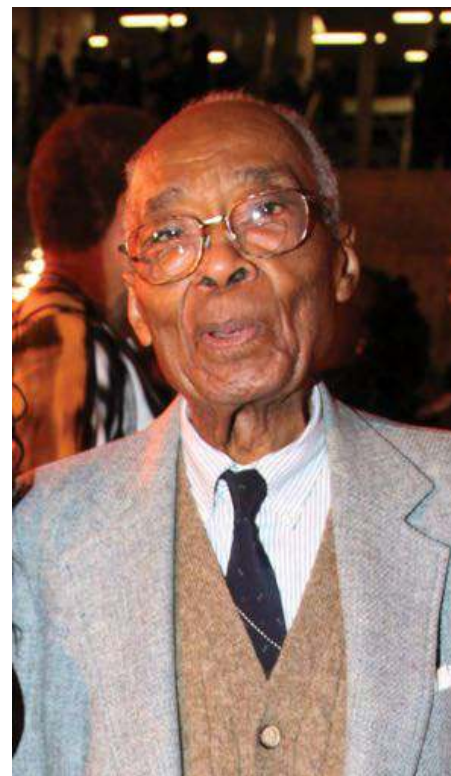
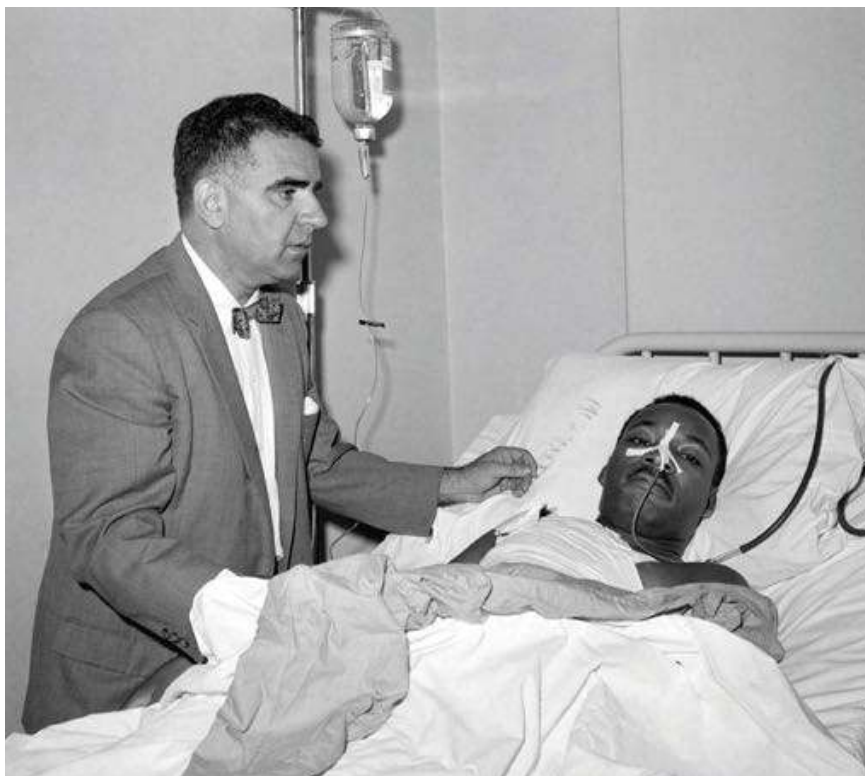
Trauma, however, was one field in which public hospitals and their surgeons were superior. The locations of public hospitals in inner cities guaranteed a steady stream of gunshot and stabbing victims. Resident trainees at public hospitals became accustomed to life-saving

procedures and surgical interventions. Harlem Hospital surgeons wrote authoritative articles on the management of trauma.

One such publication was on stab wounds to the heart.⁴ Harlem Hospital surgeons documented fifty-seven percent survival among patients for whom they closed lacerations in the wall of the heart, a bold departure from pericardiocentesis, the then prevailing approach to such injuries. Harlem surgeons defended the procedure in spirited debates at professional meetings, and, in time, were vindicated when their approach became accepted practice. Thus, despite public and surgical prejudice, Harlem Hospital surgeons were among the best for the injury that threatened King's life.

The first to respond to King was first-year resident Charles Felton. He saw the knife and left it untouched. He coolly examined his patient's heart and lungs, and conducted an electrocardiogram. Finding King stable he reassured him that, for the moment, all was fine. Then a wave of surgeons and nurses pushed him aside.¹

Among these were two superb thoracic surgeons. Emil Naclerio (1915–1985), son of Italian immigrants, had



Left, Dr. Emil A. Nacierio at the bedside of Reverend Martin Luther King, Jr. (© Bettmann/CORBIS)
Right, Dr. John Cordice. (Photo Johnny Nunez. Bettmann/CORBIS)

trained at the Marquette Medical School in Milwaukee and the Overholt Clinic in Boston.¹ African-American surgeon John Cordice (1919–2013) (AQA, New York University, 1997, Alumnus) was junior to Naclerio but no less well trained. The son of a Durham, North Carolina, physician, he had attended the New York University School of Medicine, completed his residency in surgery at Harlem Hospital, and had advanced training in thoracic surgery in Manhattan, Brooklyn, and France.¹ Naclerio had written an extensive review on the management of stab wounds of the heart,⁵ and co-authored another with Cordice on those involving the lung.⁶

The emergency department was a pandemonium of photographers' flashbulbs and crowds of doctors, nurses, and the curious. Governor Harriman, campaigning in the city, heard the news and went straight to the hospital. He resolved that King would not die on his watch. Surgeons from other New York hospitals arrived and milled outside the emergency suite, volunteering their opinions and services. More than forty individuals offered to donate blood. People packed the sidewalks and streets outside the hospital.

Both Naclerio and Cordice raced to the hospital as soon as they heard the news, Naclerio from a wedding at the Waldorf-Astoria Hotel, Cordice from collecting mail with his daughter from his new office across the Hudson in Orange, New Jersey.¹ King lay on a gurney and the trio waited for an operating room, which was ready. There was only one holdup. Unofficial but ironclad protocol demanded that a patient of King's stature required the presence of Director of Surgery Aubré de Lambert Maynard (AQA, New York University, 1999, Alumnus).¹

But where was he?

The chief surgeon

Maynard was at a midtown Saturday matinee, *La Parisienne*, featuring Bridgette Bardot. After the movie he went to Manhattan General Hospital in lower Manhattan to make rounds. The hospital administrator raced to Maynard as he entered the front door and turned him around. The doctor was urgently needed uptown where a very famous patient—he wasn't told who—had been stabbed in the chest. When Maynard arrived at Harlem Hospital the crowd blocked his entry. Police created a wedge formation, the surgeon at its center, and forced their way to King's gurney. As he walked by Harriman, the politician hissed, "Where have you been?"^{1p107}

Maynard was a Guyana native who had moved to New York at age fourteen and had made the most of

America's opportunities. He attended City College, a springboard for generations of immigrants. The only African-American accepted in the entering class of 1926 at Columbia University's College of Physicians and Surgeons, he withdrew when he discovered that Columbia's teaching hospital, Columbia-Presbyterian, would not allow black students on its wards. He was fortunate to gain admission to New York University, where minority students were more welcome.⁷

After graduation, Maynard was one of the first four black trainees at Harlem Hospital, the surgical residency integrated by Louis T. Wright, the first African-American surgeon on its attending staff and its first to hold the position of director of surgery. Wright hired Maynard after completion of his residency training to serve as the hospital's inaugural thoracic specialist. Maynard, however, had never, and would never, pursue additional thoracic training.¹

A martinet, Maynard earned his sobriquet of "Little Napoleon." Despite being chief of thoracic surgery, and later director of surgery succeeding Wright, he was considered a middling surgeon who seldom operated at Harlem Hospital. By the time of the King stabbing, Maynard had long since ceased to come in for off-hour emergencies. "The senior attendings never came in for emergencies," said John Parker, Harlem Hospital's chief resident in 1950. "I can't recall Maynard ever coming in for an emergency."^{1p101}

The operation

It took more than an hour from King's arrival to Maynard's appearance, but King remained awake, his vital signs stable. Once Little Napoleon was on the scene, Cordice and Naclerio felt they could proceed. They scrubbed as Chief Resident Leo Maitland placed a cutdown intravenous cannula into King's arm. King then received anesthesia as the surgeons entered his chest between the right third and fourth interspace, ligating the internal mammary artery in the process. They observed that Curry had plunged the knife with such force that it had penetrated the thick manubrium. The knife's tip stopped just short of the junction of the aorta and the innominate artery.¹

While they worked, Maynard held court outside the operating theater. "Gentlemen, this is a Harlem Hospital case," he said, "and we are accustomed to trauma of this sort."^{7p187} Then with confidence that would amaze surgeons today, he invited some of his colleagues into the surgical suite to observe.

Naclerio and Cordice, satisfied that King was in no

danger, waited for Maynard to scrub in. The operation mostly completed, they offered Maynard the honor of pulling the knife free. The bone, however, held the blade fast.

By now Maynard had scrubbed and entered the surgical field. Naclerio and Cordice demonstrated to him what they had before them. With his gloved hand, Maynard grabbed the protruding unsterile gauze-covered blade of the letter opener, attempting to extricate it from King's chest. But the gauze slipped off and the blade nicked Maynard's glove. It was torn. So Maynard had to leave the surgical field to change gloves...Maynard returned wearing new gloves. At that point, Cordice took ...a Kocher clamp...and placed it on the unsterile protruding section of the blade of the letter opener, which had been covered once more with gauze. Then he handed it to Maynard, telling him, "Look, if you're going to pull on it, pull on it with this."

Maynard appeared a bit flustered. He took the Kocher clamp off. Calmly, Cordice took a second clamp and placed it around the blade and invited Maynard to pull

the blade out of King's chest...Maynard removed the clamp again. Cordice placed a third Kocher clamp around the blade...After placing this third clamp around the blade, both Naclerio and Corice said, "Go on, take it out." Maynard began tugging on the blade. Finally, with a fair amount of effort it came out.^{1p109}

Maynard then scrubbed out and left the others to close King's chest. The closure was simple, without a tube or drains.¹

In his memoirs, however, Maynard had a different recollection of the operation:

Analyzing the situation while scrubbing up, I realized why no one had proceeded with surgery, which ordinarily would have been done. Preliminary measures had contributed to the stabilization of the patient's condition, so precipitate action had been withheld. In the face of the unprecedented public reaction to the assassination attempt, which brought to the hospital government officials and dignitaries from every level, as well as a concentration of the communication media,



New York Governor Averell Harriman stands at the hospital bed of Dr. Martin Luther King, Jr. © Bettmann/CORBIS

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it was understandable that no one was eager to seize the responsibility, which could be better borne by the Surgical Director. There was also the strong deterrent of fear, fear that if anything went wrong or tragedy supervened in the course of surgery—and it could—they would be identified with the failure and, justly or unjustly, blamed. On the other hand, if everything went well with the Surgical Director at the table, those involved would at least have the credit of participating in a lifesaving effort of historic import on a famous man.^{7p187}

In newspaper reports and his memoirs, Maynard contended that he had entered the chest by removing the second rib; removal of the blade required that it be pushed from below; that it had lacerated a number of blood vessels that had created “considerable difficulty,”^{1p110} and that removal of the blade required rongeur part of his manubrium.⁷ None were true. With satisfaction, he noted that his use of Penrose drains to handle possible infection in the area had impressed the chief of thoracic surgery at Columbia.⁷ But no drains had been placed.¹

Both Naclerio and Cordice kept silent in the decades after the stabbing; Naclerio never spoke of it. When, in 1996, Maynard gave another misleading interview in the *New York Times*,⁸ Cordice tried to set the record straight in a letter to the editor that was never published. His version of the operation was finally published in Hugh Pearson's book. Other eyewitnesses present in Harlem Hospital that day confirmed that Naclerio and Cordice were the surgeons who performed King's operation.¹

The tendency to treat the famous, wealthy, and influential with obsequiousness extends to medical care. Neil Baum notes that there is an “ego boost” that comes when such people need attention (Baum is Doctor Whiz for *Health & Fitness Magazine*). He warns that the patient's notoriety and the doctor's submissiveness may interfere with objective assessment and good medical decision-making.⁹

Jorge Guzman and colleagues at the Cleveland Clinic



U.S. civil rights leader Martin Luther King, Jr., waves to supporters from the steps of the Lincoln Memorial August 28, 1963, on The Mall in Washington, DC, during the March on Washington where King delivered his famous “I Have a Dream” speech. AFP PHOTO/FILES

define the “VIP syndrome” as a situation in which “a patient's special social or political status...induces changes in behaviors and clinical practice that can...lead to poor outcomes.”¹⁰ They offer a set of guidelines to help ensure that providers treat VIPs the same as their other patients. In King's case, two of the rules were broken: Don't bend the rules, and resist “chairperson's syndrome.”¹⁰ Naclerio and Cordice violated both when they decided to wait for Maynard's arrival, delaying care when immediate surgery was required. King's operation is another example of what every chief resident knows: The chair of surgery is too often the least capable surgeon in the hospital. One rule, however, was observed: Care should occur where it is most appropriate.¹⁰ King was taken to Harlem Hospital, where he came under the care of two of the most experienced surgeons in the country for his injury.

The speech

King identified Maynard as his surgeon, and many of his statements reflected Little Napoleon's embellishments. Not exaggerated, however, was the fraction of an inch from knife's tip to disaster, a fact that impressed King to his last day.^{1p125} On April 3, 1968, the night before his assassination, he addressed a crowd in the Mason Temple in Memphis. As he neared the close

of his speech, he recounted the Harlem stabbing. The knife was so close to his aorta, he noted, “that if I had merely sneezed, I would have died,”¹¹ an observation certainly heard from Maynard.⁷ King recalled a letter from a ninth-grade white girl: “I’m simply writing to say that I’m so happy you didn’t sneeze,” she wrote.¹¹

Then he used his brush with death and preacher’s cadence to build an emotional account of the movement’s milestones since the stabbing.

And I want to say tonight—I want to say tonight that I too am happy that I didn’t sneeze. Because if I had sneezed, I wouldn’t have been around here in 1960, when students all over the South started sitting-in at lunch counters...

If I had sneezed, I wouldn’t have been around here in 1961, when we decided to take a ride for freedom and ended segregation in inter-state travel.

If I had sneezed—If I had sneezed I wouldn’t have been here in 1963, when the black people of Birmingham, Alabama, aroused the conscience of this nation, and brought into being the Civil Rights Bill.

If I had sneezed, I wouldn’t have had a chance later that year, in August, to try to tell America about a dream that I had had.

... If I had sneezed, I wouldn’t have been in Memphis to see a community rally around those brothers and sisters who are suffering.

I’m so happy that I didn’t sneeze.¹¹

His oratory soared. A tumult of voices and shouts began to build in response. Men and women stood weeping, unable to control their emotions.¹² It seemed that he somehow knew that he would not be so fortunate next time. Tears in his eyes, King gave his own farewell. The oration became known as his “Mountaintop” speech, second only to the legendary “I Have a Dream” speech of 1963.

We’ve got some difficult days ahead. But it really doesn’t matter with me now, because I’ve been to the mountaintop.

And I don’t mind.

Like anybody, I would like to live a long life. Longevity has its place. But I’m not concerned about that now. I just want to do God’s will. And He’s allowed me to go up to the mountain. And I’ve looked over. And I’ve seen the Promised Land. I may not get there with you. But I want you to know tonight, that we, as a people, will get to the Promised Land!

And so I’m happy, tonight.

I’m not worried about anything.

I’m not fearing any man!

Mine eyes have seen the glory of the coming of the Lord!¹¹

Notes

Hugh Pearson (1957–2005) is the major chronicler of the events in the review above, including a detailed background of the civil rights movement at the time in his book, *When Harlem Nearly Killed King*. Cordice began to receive the recognition he deserved for his role in King’s surgery in the years before his death on December 29, 2013.

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