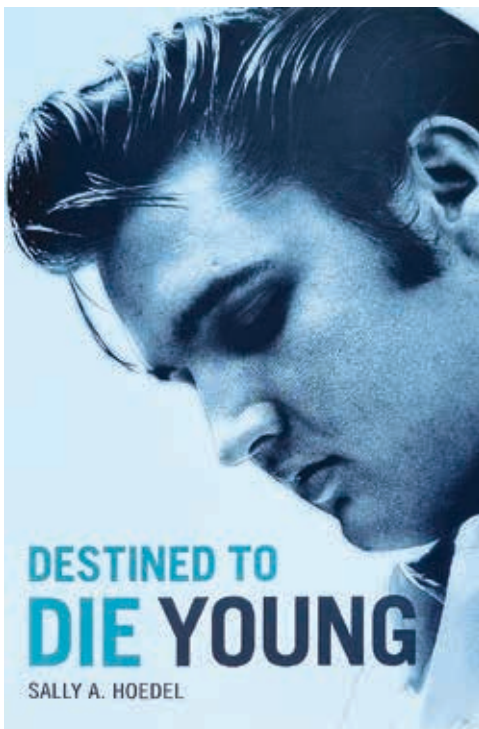


Sally A. Hoedel

Destined to Die Young

Elvis Author LLC, United States of America 2021, pp. 335.



Destined to Die Young by Sally A. Hoedel is an enquiry about one of the most discussed topics in both socio-cultural and medical-health fields: the death of Elvis Presley on August 16, 1977, at the age of forty-two, from cardiac arrest. The media and the tabloids have wrongly asserted for decades that the compromised state of health of the singer, and therefore his deathly cardiac arrest, was due to polypharmacy or drug addiction. Contrariwise, the journalist and historian Sally Hoedel claims with factual and scientific data that Elvis' death was caused by some congenital

diseases he suffered from birth. Interviews with Elvis' family members and friends, academic articles and monographs, pension archives, as well as medical reports, and some of Elvis' autopsy data are the main sources used by the author to write her medical investigation. The result of this research is

a detailed and reasonable clinical view. Hoedel has no hesitation in her sentence: Elvis Presley was destined to die young because of his DNA. Readings of similar accuracy are previously offered by Elvis Presley's medical doctor George Nichopoulos¹, and Elvis' personal nurses Marian Justice Cocke² and Letetia Kirk³. Not so many other researchers have explored Elvis' health⁴.

Destined to Die Young consists of 16 chapters that can be grouped as follows: *Genealogy and Childhood of Elvis* (chapters 1-5), *The Illness of Gladys* (chaps. 6-8), *The 60s and early 70s* (chaps. 9-12), *From 1973 to 1977* (chaps. 13-16).

Genealogy and Childhood of Elvis. The crucial starting point of Hoedel's research concerns the marriage between the first cousins Elvis' maternal grandparents, Robert Lee Smith and Octavia Lavenia "Doll" Mansell. The author demonstrates they were the carriers of a chromosomal anomaly they passed on to their daughter, Gladys Love Smith (Elvis' mother) and their grandson (Elvis). Alpha-1 Antitrypsin Deficiency and hypogammaglobulinemia, both found in Elvis' system at the autopsy, and Hirschsprung's disease were hereditary diseases transmitted to Elvis. Hoedel recalls that many family members of Elvis died at a very young age from similar health problems to those Elvis suffered, as a clue of the significant hereditary factor on his health. In these chapters of the text, Hoedel describes Elvis as a very small child at birth, a malnourished boy in poor health who suffered from severe insomnia. With Hoedel's research, it is revealed for the first time that Elvis suffered from diseases of nine out of eleven body systems, including five that were present from birth.

The Illness of Gladys. Hoedel offers an answer to the early death of Elvis' mother, Gladys Smith, in 1958 at the age of forty-six from cardiac arrest due to acute hepatitis. At that time, the medical doctor who cured Gladys was unable to give an answer to what had caused her hepatitis. Many theories were developed. With today's knowledge, Hoedel is able to explain scientifically that the Alpha-1-antitrypsin deficiency was responsible for Gladys' fatal hepatitis. Also, Hoedel identifies all the meeting points between Gladys' illness

¹ George Nichopoulos, *The King and Dr. Nick. What Really Happened to Elvis and Me*, Thomas Nelson Inc., USA 2009.

² Marian J. Cocke, *I Called Him Babe. Elvis Presley's Nurse Remembers*, Memphis State University Press, USA 1978.

³ Letetia Kirk, *Taking care of Elvis: Memories with Elvis as His Private Nurse & Friend*, Wimmer Books, USA 2015.

⁴ It is possible to cite: Dr Forrest Tennant, *Elvis Presley: Head Trauma, Autoimmunity, Pain, and Early Death*, "Practical Pain Management", 2017, 13(5); William J. Ronan, *Psychological Autopsy of Elvis Presley*; ACFEI Media, USA 2005. Cfr. Forrest Tennant, *The Strange Medical Saga of Elvis Presley*, Tennat Foundation, USA 2021.

and Elvis' pathologies in the following years. In this way, she proves that the mother's health downward curve was the same for her son.

The 60s and early 70s. In these chapters, Hoedel takes time to explain how Hirschsprung's disease and hypogammaglobulinemia deeply affected Elvis over the years. The author also explains how his immune system gradually began to fail (p. 182) and how these two ailments were responsible for causing his recurrent infections, Reiter's syndrome, anemia, an enlarged spleen, and glaucoma.

From 1973 to 1977. Hoedel describes the 1973 period as a watershed, "the beginning of a four-year period of degenerative health" (pp. 219-220). This is in accordance with medical doctor Forrest Tennant (Cfr. *Elvis Presley: Head Trauma, Autoimmunity, Pain, and Early Death*): "In 1973, he became very ill and couldn't leave his bed". Hoedel traces Elvis' symptoms of insomnia, hypertension, adrenal insufficiency, chronic obstructive pulmonary disease, chronic hepatitis, and Cushing's syndrome and explains their causes. She gives an answer to the several medications Elvis took to function and for the "pain that was hard to get on top of" (p. 207), according to what nurse Marian Cocke recalls (*I Called Him Babe*, p. 143), that there were several times when he would receive a narcotic - by injection - for pain every four hours. In her book, Hoedel highlights some questions that have never been investigated before: Why did Elvis need to use an oxygen mask in 1964 when he was only twenty-nine and then when he developed glaucoma in 1970? Why was Elvis on the verge of needing dialysis?

The cause of the cardiac arrest that killed Elvis, reported in Dr. Nichopoulos' book, and supposed by the medical doctors who performed the autopsy, is shared by Hoedel in the last chapter, *And Now the End is Near* (pp. 257-270). This supposition seems to be the most plausible: Presley's colon became at last so enlarged that it compressed his diaphragm, lungs, and heart (confirmed with the autopsy), thus an accidental Valsalva maneuver was enough to cause him a strong cardiac arrhythmia, and therefore the cardiac arrest. With some autopsy data, Hoedel is able to confirm that the eleven drugs discovered in Elvis' system were all consistent with medical treatment and were medically needed, according to Dr. Bryan Finkle, Director of the Center for Human Toxicology at the University of Utah in Salt Lake City: "all the drugs (in Elvis' system) were in a range consistent with therapy and therapeutic requirements for known conditions of illnesses which he had" (p. 383). Finally, Hoedel explains why the media ended up talking wrongly about polypharmacy or drug addiction years later.

The author, using simple language, involves the reader in captivating, rigorous, and scientific research. With this reading, it becomes easier to appreciate Elvis Presley's artistic work and his human being. The book, which won the Independent Publisher Book Award and the Literary Excellence Pencraft Award, mainly mentions the biographical aspects related to Elvis Presley's illness. This makes the text not a biographical book in the literal sense of the term. It is rather an investigation that crosses the limits of medicine and genetics. *Destined to Die Young* also represents a significant contribution to the literature on the history of medicine since it lets the readers understand how medicine evolved deeply in its knowledge, diagnostic technologies, and prescription drugs⁵ from the 50s until today. After reading this book, the reader cannot help but wonder, "Could nowadays' medicine have ever given Elvis Presley a longer life?". With never-before-published information about Elvis' health, Hoedel manages to find the truth about a story of health struggles that has been falsified and humiliated for too long. As a result, *Destined to Die Young* is a book that finally dispels decades of rumors about Elvis Presley's demise.

Maria Fagiolo

⁵ For example, the medical use of Amphetamines (Dexedrine) has been very common in the United States of America since World War II. Sally Hoedel argues this issue in *Destined to Die Young*, pp. 99-109.