Reflections of Churchill's personal cardiologist

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I have long been an admirer of Sir Winston Churchill, having visited his birth home (Blenheim Palace), his underground war rooms in London (where one can hear recordings of his stirring speeches), and his grave site in St. Martin's churchyard. With a lot of imagination and relying heavily on Lord Moran's entertaining diaries (1–3), I have tried to conceive what it might have been like to serve as Churchill's personal cardiologist, as the text below represents.

NOTES OF CHURCHILL'S CARDIOLOGIST: A HISTORICAL FICTIONAL ACCOUNT

When Sir Winston Churchill (*Figure 1*) became prime minister (PM) in 1940, at age 65, certain members of the cabinet decided I should become his personal cardiologist. He wasn't happy about it, when I approached him, stating that there was nothing wrong with his heart, only that he had some dyspepsia. He proceeded to show me his self-treatment of the latter, moving his big white belly up and down during some breathing exercises. I knew it wouldn't be an easy job, but I felt up to the task, having been influenced by the teachings of great British cardiologists like Sir James Mackenzie and Sir Thomas Lewis and influenced via textbooks by the American, Paul Dudley White, and, later, by our own Paul Wood.

The next year (1941) he had his first cardiac symptom. While straining to open a window on a hot evening, he noticed left precordial discomfort, which radiated down his left arm and was associated with dyspnea. It passed within a few minutes. I decided not to say anything, as America had just entered the war and the PM couldn't possibly take 6 weeks of bedrest. If his symptoms should reoccur (which they fortunately did not), I was going to consult with my colleague, Sir John Parkinson.

While on one of our travels together, we flew in General George Marshall's plane from Washington to Florida to get some rest. The PM decided to float in the ocean, basking "half-submerged" like a "hippopotamus in a swamp." He can be quite amusing when he isn't exasperating.

I have been criticized by some colleagues for traveling with the PM instead of tending to my duties as an officer in the Royal College of Physicians. It is hard to please everyone. I think his health care is more important, especially in these critical times.

In a Russian hotel he wants to take a bath. The taps are different and the Russian lettering isn't helpful. I took a chance

Figure 1. Sir Winston Churchill. Source: Library of Congress Prints and Photographs Division, reproduction number LC-USW33-019093-C.

and turned on a faucet. A gush of icy water hit him "amidships." He gave a loud shriek and "cursed me for incompetence." I'll have to be more careful so he doesn't lose confidence in my medical abilities.

The PM desired to walk in the woods while in Moscow. This surprised me as he "hardly ever walks for the sake of exercise"! He mainly wanted to reflect upon his meeting with Joseph Stalin.

From Piedmont Heart Institute, Atlanta, Georgia (Cantwell). [†]Deceased (aka Lord Moran).

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Much later that night, he got ready for bed and put on his black eyeshade. It was about 4 AM. His stamina is amazing. His only apparel at bedtime is a silk vest, leaving a “big, bare, white bottom.” There is no hour of the night when I can be sure he is in bed and asleep. Needless to say, he can be exhausting to be around.

His hobby is painting, but the only picture he painted during the war years was while we were in Morocco. In later years this hobby would provide a great source of relaxation for him.

Shortly after our return to London, the PM developed a fever. I heard some rales in his left lung base. An x-ray the next day confirmed pneumonia. Apart from his appendix, he has remained remarkably healthy at age 69, despite having abused his body.

When ill, the PM generally does as he is told, as long as he is given a good reason to do so. He is partial to quacks, which makes my job more difficult. He does listen to me, as long as he agrees with what I am saying.

His relationship with his wife, Clementine, is interesting. She doesn't argue with him because he “shouts her down,” so instead she writes him notes. She tells him the truth about himself. He might not always like what she says, but knows that she loves him and cares for him more than anyone.

It is hard to believe that the PM was “tongue-tied” as a youth and dreaded giving speeches in his early years in the House of Commons. Supposedly he was bullied and beaten as a youth and was apprehensive and spoke with a stutter. Yet, his philosophy of never giving in enabled him to persevere. His main attribute was his iron will.

The PM had another bout of pneumonia, associated with a fast and irregular pulse. He had rales in the lung bases, and his liver edge was palpable. I started him on digitalis and the pulse became regular 4 hours later. Three days later, he again had atrial fibrillation, lasting about 90 minutes.

We were flying to Italy, an area where malaria is prevalent. I wanted the PM to take prophylactic medicine. He felt it unnecessary. To support his view he phoned Buckingham Palace and spoke with the king, who had been to Italy and hadn't taken any preventive medicine. So, instead of consulting several malaria experts in England, he contacts the king, who is no expert on this. It is certainly challenging to be his personal physician.

The PM says to look at one's eyes and see if more of the head is above than below, to tell the size of one's brain. Where he got that I have no idea.

Flying to Naples, the PM was dozing. His oxygen mask had slipped off and oxygen was hissing out close to the PM's lighted cigar. It's a wonder we didn't all go up in flames.

The PM asked if I carefully looked at patients' hands. He became interested in doing so after reading what Gorky wrote about Tolstoy's hands, “Knotted with swollen veins and yet full of singular expression and power of creativeness.” Accordingly, I now pay more attention to the hands during my physical examinations.

According to his wife, the PM knows nothing of the life of ordinary people. He has never been on a bus, and his only trip on the underground resulted in his going round and round until

he was eventually rescued. He is selfish, even though he doesn't mean to be, and an egoist.

The PM was fussing about our lunch. After two very stiff whiskies and a brandy, his “black clouds” dispersed.

After being voted out of office shortly after the end of the war, Churchill had to rely on his “red tablet” to sleep, to keep “futile speculations” from filling his mind. I sometimes had to also add a “green tablet” so he could be well rested. He began to develop problems with his eyes, ears, throat, heart, and lungs, and his diverticulitis flared. Now he has added an inguinal hernia. He flooded me with questions about the latter: Why should he have it since he hardly exercised? Would it rupture? We got him a truss, and that seemed to settle him down.

He turned once again to his paint box, which had helped him cope with the last time he was turned out of office 30 years ago. It helped him deal with political disappointments and gave him something to focus on.

Churchill has now developed conjunctivitis. Initially penicillin ointment helped, but now it seems resistant. Churchill planned to call Sir Alexander Fleming, who had discovered penicillin. Fleming seemed uninterested in him as a patient, but more interested in the unusual bug, a *Staphylococcus* resistant to penicillin. Churchill said, “The bug seemed to have caught my truculence. This is its finest hour.” He laughed.

Churchill was upset hearing that President Roosevelt said he had 100 ideas a day and that only four of them were good. He felt it was impertinent of Roosevelt to say that, since he hadn't any ideas at all. In truth they are good friends and during the war years had personal visits 11 times and exchanged 1,700 letters and telegrams.

In 1949, while playing cards late at night, Churchill had numbness and weakness of his right leg. As usual, he demanded an explanation of the pathology of the episode. I tried to explain the circulation of the brain as best I could.

The last 10 years of his life were hard on both of us. He had four strokes between 1949 and 1953, yet was able to finish multiple volumes of *The Second World War*.

In the last few years, until his death at 90 in 1965, he had given up reading and seldom spoke. He didn't seem to know his friends, yet he hung on. I'd think he'd be gone by the next morning and would issue a bulletin to alert the public. I finally stopped doing that after he had pulled through time after time.

Finally, his breathing became more shallow and labored and then ceased. I got up, bent over the bed, but he truly was gone.

His body lay in state for 3 days in Westminster Abbey, where thousands of his countrymen paid tribute to the man “who had saved them and saved their honor.” He was buried in Bladon, his body “committed to English earth, which in his finest hour he held inviolate.”

REFLECTIONS

It has been 50 years since the death of Sir Winston, and perhaps it is time to reflect upon the care I rendered to him during our 25 years together. Although an old man now myself, and long retired from my cardiology practice, I have tried to keep up with the incredible advances in my field.

I am thankful for Sir Alexander Fleming's discovery, for penicillin was of great help during Churchill's several bouts of pneumonia.

I wish that we had known more about the importance of anticoagulation beyond aspirin for paroxysmal atrial fibrillation, for it might have prevented at least some of his multiple strokes. Lord Russell Brain thought he had bilateral carotid artery disease, so carotid ultrasound, angiography, and endarterectomy surgery might have been of benefit.

I would like to have had access to blood troponin tests, to help study the severity of several episodes of prolonged chest pain when serial electrocardiograms weren't conclusive. On at least one occasion he had signs and symptoms of congestive heart failure, and echocardiography would have been useful, as well as perhaps cardiac catheterization, potent diuretics, beta-blockers, angiotensin receptor antagonists, and statin drugs.

I was with him during his two terms as PM (1940–1945, 1951–1955) and on most of the 100,000 miles of trips he made during the war years. I had a front row seat for many of his famous speeches. My favorites were, of course: “I have nothing to offer but blood, toil, tears, and sweat” and “We shall fight on the beaches, we shall fight on the landing grounds, we shall fight in the fields and in the streets, we shall fight in the hills, we shall never surrender.”

My grandchildren would refer to Churchill as “a piece of work.” I am amazed that he made it to age 90. He was fat, sedentary, and stressed; he smoked cigars and drank alcohol to excess; and he kept terribly irregular hours. His family history didn't reflect genetic tendencies for longevity, as his father died at age 45. I guess he was just one of those survivors, having been under fire many times in his early military career. I don't recall that he was ever wounded. He did once escape from a prison camp while in South Africa.

I don't think he was depressed, just at times fatigued by his great responsibilities. At least he was never treated with whatever antidepressant was available then. Later in life he was somewhat

Figure 2. The memorial to Churchill in Westminster Abbey. Source: Westminster Abbey.

debilitated from his multiple strokes. I sometimes had to give him amphetamines before important tasks.

Recently a memorial stone was placed in the nave of Westminster Abbey (*Figure 2*) by Churchill's great-great-grandchildren, imploring us to remember him. How could I ever forget this great man who for 25 years was my (usually) compliant patient and dear friend? I agree with historian Max Hastings, who considered him “the greatest war leader his country had ever known, a statesman whose name rang across the world like no other Englishman in history.”

Acknowledgments

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