Winston churchill and his illnesses

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There are few public events that people still recall vividly after several decades have passed. For almost everyone of my generation, the state funeral of Sir Winston Churchill on 30 January 1965 is one of those memories. It took place at St Paul’s Cathedral in London and was a day of pageantry that probably had no parallel since the funeral of the Duke of Wellington over a century earlier. Like most of the nation, our family watched it on television. At the end of the broadcast the BBC played ‘God Save the Queen’. We all stood up from our armchairs, and remained standing to attention until it was finished.

My parents had both been refugees from Europe; my father served in the Czech squadron of the Royal Air Force, and my mother had accompanied him to coastal bases around Britain. They had no doubt at all that they owed their survival directly, and personally, to the man they were now mourning.

We live in an age where the idea of standing to attention in one’s living room during the national anthem has for most people become almost unimaginable. In the same way, no-one in any democratic country would regard any politician with the reverence in which Churchill was held in the country would regard any politician with the same way, no-

LIFE-THREATENING ILLNESSES

Winston Churchill was born in 1874 and died shortly after his 90th birthday. I have no idea how many life-threatening illnesses and accidents the average man of 90 from the English upper classes might have faced in his era, especially one like Churchill who had tremendous stamina for most of the time. From Vale and Scadding’s account, Churchill appears to have had at least the proverbial nine lives of a cat – as his personal physician Lord Moran sometimes pointed out. His first serious illness was pneumonia as a child, when the only treatment available was alcohol, used as a ‘stimulant’. He had three further bouts of pneumonia as Prime Minister during the Second World War. On one of these occasions he was in north Africa, and his life was probably saved by sulphonamides provided by a US military hospital. It was only for its fifth occurrence, in the 1950s, that penicillin was available. Following Churchill’s first minor stroke in 1949 (which he and his physicians largely kept a secret) he appears to have had at least seven others before his final, fatal one. His surgical operations included an appendicectomy, repair of an inguinal hernia and – probably the most perilous of all at his age – repair of a fractured femur aged 87 at the Middlesex Hospital. This was followed by a femoral venous thrombosis and nearly 2 months of recuperation as an in-patient. An episode of chest pain on a visit to the White House in the war was originally diagnosed by Moran as a coronary, although Vale and Scadding show that it almost certainly was not. The catalogue of his other conditions includes recurrent dislocation of his right shoulder, salmonellosis, intermittent atrial fibrillation, two episodes of jaundice (one probably from a gallstone, the other possibly drug-induced), an arterial embolus of his right little finger, a crush fracture of his fifth thoracic vertebra, and persistent seborrhoeic dermatitis.

Churchill had two serious accidents that might easily have led to his premature death. Playing a game of tag as a teenager, he tried to evade his pursuers by jumping off a bridge onto the overhanging branch of a tree. Misjudging the distance, he fell 29 feet (around 9 metres) onto hard ground. His fall was probably slowed by branches, since he sustained only concussion and possibly two small cervical fractures that were only found in old age. In 1931, while on a speaking tour of the United States, he stepped out into the busy New York traffic, but looked in the wrong direction (something that British pedestrians tend to do in countries where cars inconsiderately drive on the right.) He was knocked over by a car going at full speed. He was incredibly lucky to sustain fractures only to his nose, ribs, fingers and toes, together with a pleural haemorrhage and an assortment of lacerations, abrasions and bruises.

EVIDENCE AND DOCUMENTATION

Some previous biographers have promoted the idea that Churchill suffered from clinical depression and alcoholism. Vale and Scadding dismiss both diagnoses, in separate chapters devoted to each. Through a careful analysis of Churchill’s own accounts and those of family, friends and physicians, they demonstrate that there was nothing in Churchill’s moods or in his behaviour that would justify these labels. As they do throughout the book, they offer readers full evidence and documentation to support their views, but do so in a dispassionate way that would allow scope for dissenting opinions. My own view is that the semantic debates around whether Churchill had these conditions should encourage us to be more sceptical about much taxonomy in psychiatry generally.

Almost all the book is presented as a documentary history, with much of the text taken up by extensive quotations from medical records, correspondence, diaries and memoirs. These are nearly
On reflection

always connected together by enough
narrative to contextualise each illness in
relation to historical events and the indi-
viduals involved. Although this quilt-like
style of biography may not meet with
approval from every reader, it seems to
me by far the most transparent approach
from a reader’s point of view. (I should
declare an interest here, as the author
of a modest biography where I chose a
similar approach.) Each chapter ends with
a useful section entitled ‘Medical Aspects’,
offering a commentary from the point
of view of 21st century medicine. This
allows the authors to separate the contem-
poraneous account from a more modern
perspective.

Vividly human portraits

From among many vividly human portraits
of Churchill by doctors, including some
who became his friends, it is worth
quoting this description of him by one of
the surgeons who attended him, Brigadier
Harold Evans:

"Churchill has the most fascinating
chuckle, and his face, when he is pleased
with a thought of his, or a situation
conjured up by remarks of someone else,
wrinkles up like a baby’s – like Puck’s.
His eyes are dull – and the conjunctivae a
little red, as though he had conjunctivitis.
They can be hard as he looks at you – or
as tender as a woman’s – they can weep
easily. I believe now the story of how he
cried … when he realised all was lost in
France. He is emotional … I think the
right description is that he allows himself
to react fully and without restraint and
without troubling himself about what
impression he makes on the onlookers. He
is no actor, no poseur."5

Vale and Scadding’s book is now
likely to serve as the definitive record of
Churchill as a patient. It is equally worth
reading as an account of Churchill the
man, with all his fieriness and proneness
to tears, his inability to take advice and his
willingness to forgive, his mischievous-
ness and his generosity, and most of all his
vulnerability and bravery.

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