How much should we know about our leaders’ health?
By Jeremy Hugh Baron

National leaders are usually middle-aged or older and at risk of disabling diseases. They may deny their illnesses and persuade their staff and doctors to lie to the public. There is a considerable literature on this topic, including the former Foreign Secretary David Owen’s *In Sickness and in Power: Illness in Heads of Government During the Last 100 Years* (Methuen, 2008). Lord Owen, himself a doctor, listed 26 leaders including Hitler, Yeltsin and Blair whose health problems were concealed from the public.

In the 20th century, Britain had 19 Prime Ministers, nine of whom had their terms of office curtailed by illness.

Three PMs from 1940 to 1957—Winston Churchill, Clement Attlee and Anthony Eden—were looked after either at St Mary’s Hospital, London, or by my predecessors there as senior physicians—gastroenterologists such as Sir Charles Wilson (later Lord Moran) and Dr Thomas Hunt. Each of the three premiers had historically important illnesses before they assumed office.

Winston Churchill had chronic minor and non-disabling indigestion at least from 1912 when he had stomach pains that woke him with the acid regurgitation of heartburn. He was treated conventionally with ulcer-type diets and carbonates of sodium, magnesium and bismuth. In 1950, he recalled that he had been “tormented” by his indigestion, but had been cured by massage.

In 1922, he saw Lord Dawson. In 1936, he saw Hunt. Educated at St Paul’s, Magdalene, St Mary’s and Vienna, Hunt was an orator and a linguist. He had stature, authority, courtesy, enthusiasm and curiosity and was the diplomat of British and world gastroenterology. He joined the staff of St Mary’s in 1930 and his advice was sought by many writers, whose vivid accounts of their illnesses are excellent. Churchill wrote: “The indigestion comes on during the night but disappears after the exercises in the morning. Painting always tries me highly... It is the mental concentration which seems to affect the stomach. I always paint standing up, as otherwise the indigestion would be very severe.” Churchill told Hunt: “The thing that gave most indigestion was the effort of trying to get just the right colour for a sunset on a canvas and not the strain of political and national affairs.”

X-rays of his stomach, duodenum and gall bladder revealed that everything was normal. Hunt concluded that the indigestion was of the nervous hyperacidity type, telling Churchill that his nervous tension caused painful contractions of the stomach. Hunt taught, “All creative artists are a group especially subject to dyspepsias of doubt and anxiety... My experience of generals and admirals makes me believe that their training for action relieves them of most doubts, except from that concerning their future promotion.”

A few years later, Churchill stopped seeing Hunt, having taken offence that when he wanted an appointment at 4.30 pm the doctor would not cancel an already-booked appointment. Instead, Churchill became a patient of Sir Charles Wilson, who had trained at St Mary’s and had a good First World War, during which he was awarded a Military Cross and wrote his perceptive *Anatomy of Courage*. Wilson, a fine diagnostician, was appointed a physician at St Mary’s, and from 1920 to 1945 was the powerful Dean of its medical school. He was the doctor of Churchill’s close friends Brendan Bracken and Lord Beaverbrook, a generous patron of St Mary’s hospital and school. I assume, therefore, that Beaverbrook recommended Wilson to Churchill.

Wilson got the earlier X-rays, did no further tests and we hear little more of Churchill’s stomach. When Churchill became Prime Minister in May 1940, the Cabinet ordered that a personal physician accompany him worldwide. Bracken and Beaverbrook recommended the worldly Wilson, now treasurer of the Royal College of Physicians (and its president from 1941-1950), a supreme wheeler-dealer of medical politics. He commissioned Annigoni for his official portrait, an excellent likeness of “Corkscrew Charlie”, as he was nicknamed.

Churchill’s first major illness was on 26 December 1941 in Washington, soon after Pearl Harbour, when he pushed open a jammed window and had severe pain in his chest and left arm with breathlessness. This was obviously a coronary episode. Churchill self-diagnosed muscle-strain. Wilson did not tell him the truth, saying merely that his “circulation was sluggish”, because he made the rapid decision that neither Churchill nor the British and Americans should know at this most critical time of the war that Churchill was an invalid needing six weeks’ bedrest. Wilson told no one. When he prevented Churchill from lifting a heavy box, he was told he was being “heart-minded”, so Wilson replied, “You’re all right. Forget your damned heart.” During the war, Churchill had various episodes of pneumoni,a all well managed, including one in London when “two beautiful nurses from St Mary’s appeared as if by magic”.

Churchill’s other dangerous problem was his cerebral circulation. His first stroke was in 1949 and he was told truthfully that it was a temporary impairment of the blood supply to the brain. Wilson, now ennobled as Baron Moran of Manton, and the eminent neurologist Russell Brain, accepted Churchill’s insistence on concealment of the truth (except from Beaverbrook). Churchill was determined not to retire, but to continue as leader of the Opposition Conservative Party, and to fight the 1950 election. Yet Churchill had another stroke in
January 1950, just before the election in February, which he lost, and a third in May 1950.

Churchill did win the 1951 election, but by now his intimates found him “past his prime”, forgetful and lacking tenacity. After a fourth stroke in 1952, Moran decided to discuss the prognosis with Churchill’s Personal Private Secretary, Jock Colville, Lord Salisbury and the Palace. They all agreed that Churchill would refuse the obvious solution to retire to the House of Lords. Churchill recovered but, by March, he had sufficient insight to admit to “a decline in mental and physical vigour”. Both Colville and Churchill’s wife did not think he would last long as Premier. Yet this insight was countered by self-deceptive wishful thinking that it would be a bad thing for the country if he retired now. Indeed, he told the 1922 Committee of Conservative MPs, “I would not stay if I found I was fading physically or mentally.” In April 1953, his heir-apparent, Anthony Eden, had his first operation and Churchill seemed more than happy that he could act as Foreign Secretary, too.

In June 1953, Churchill had his fifth and most severe stroke, which caused him to stagger and speak with a slur. But the Cabinet noticed nothing amiss. His left side became paralysed and he was driven to Chartwell. He ordered Colville to tell no one. Moran warned that Churchill might die that weekend, so Colville sent for the Chancellor of the Exchequer, Rab Butler and Salisbury and told the Palace.

Ordinarily, Churchill should have resigned, as his wife wished, and the Queen sent for Eden. However, that day Eden was being operated on in Boston. It was held to be unfair to Eden if Butler was appointed PM. Butler could have asserted himself, but as on two later occasions when he might have claimed the post, he loyally held back. There was no way a peer, such as Lord Salisbury, could have been made a caretaker premier, so a conspiracy was hatched.

The first problem was the bulletin. Moran had prepared, and he and Brain signed, a tactful but honest bulletin: “For a long time, the Prime Minister has had no respite from his arduous duties and a disturbance of the cerebral circulation has developed, resulting in attacks of giddiness. We have therefore advised him to abandon his journey to Bermuda and to take at least a month’s rest.”

Butler and Salisbury vetoed this because after he wrote them, he killed the King with an injection of heroin.

Butler and Salisbury therefore prepared their own bulletin, which the two physicians agreed to sign: “The Prime Minister has had no respite for a long time from his very arduous duties and is in need of a complete rest. We have therefore advised him to abandon his journey to Bermuda and to lighten his duties for at least a month.”

Colville sent for the three press lords, Beaverbrook, Bracken and Camrose, who agreed to a total gag. Butler took the Cabinet and told them of Churchill’s stroke, although this was not mentioned, while the business of the state was conducted by Colville and Churchill’s son-in-law, Christopher Soames.

However, surprisingly, Churchill made a remarkable recovery, chaired the Cabinet, again refused his family’s advice to resign and, helped by Moran’s stimulant tablets, made successful speeches to the House of Commons and the party conference: “If I stay on for the time being, bearing the burden at my age, it is not because of love for power or office.”

For the next two years, he repeatedly promised Eden, his ministers and his family that he would resign soon, but always retracted. He gave up on 5 April 1955. Moran could have forced him to leave office but didn’t. “I was, I think, alone in urging him to hang on, although I knew that he was hardly up to his job for at least a year before he resigned office. His family and his friends pressed him to retire; they feared that he might do something that would injure his reputation. I held this was none of my business. I knew that he would feel that life was over when he resigned, and that he would be unhappy when there was no purpose in his existence. It was my job as his doctor to postpone that day as long as I could.”

Churchill lived for another ten years, and had further strokes. In 1958, Moran summoned Hunt to Chartwell because Churchill was semi-comatose, febrile with abdominal pain, jaundice, dark urine and pale stools. They agreed this obstructive jaundice was probably due to passage of biliary stones into the common bile duct.

Pragmatically, Hunt and Moran did no tests or X-rays. They treated Churchill with antibiotics and he made a complete recovery. Hunt was again consulted in 1960 after a similar episode that was also resolved after antibiotics.

Fifteen months after Churchill died,
Attlee always maintained that had he not been in hospital, he could have affected a compromise between Gaitskell and Bevan over NHS cuts

Man: Hospitalised during NHS crisis

Attlee: Hospitalised during NHS crisis

admitting a patient with a peptic ulcer to hospital was complete bed rest. Attlee, normally master of his government's prima donnas, confined to a tiny room, probably without en suite facilities, given a tasteless ulcer diet, prevented from smoking and conventionally sedated with barbiturates, was no match for the endless importuning visitors. Nevertheless, at least my predecessors at St Mary's cured Attlee's ulcer.

Anthony Eden had a charmed early life as the younger son of a country baronet. He was tall, handsome and immaculately dressed and had high self-esteem. He went to Eton, had a gallant war with a Military Cross, took a First at Christ Church in Arabic and Persian, won a safe Conservative seat and saw rapid promotion in the Foreign Office. Yet it has been said that Eden "was ill-served by his doctors". In March 1955, Eden had an exhausting trip with Viscount Cranborne (the future Lord Salisbury) to Paris, Berlin, Moscow, Warsaw and Prague. On his flight home, his plane was caught in a severe snowstorm, and had to land in Cologne. Eden had been so shaken and airsick, with a pulse rate of only 40 per minute, that he was immediately seen by a doctor who pronounced his heart "sehr schlecht"—very bad—and put him to bed in a hotel. The next morning, a specialist was equally gloomy about Eden's heart and vetoed his plans to fly home. He returned to London by train and boat. King George V telephoned and ordered him seen by Sir Maurice Cassidy, the royal heart specialist. The electrocardiogram was said to show heart strain, and he was sent to a nursing home for four weeks, followed by two weeks at home. Naturally, there was a bulletin: "Mr Anthony Eden is suffering from heart strain resulting from his recent rough air journey. There is no cause for anxiety, but complete rest is essential for from four to six weeks." This was followed by a stream of almost daily bulletins in The Times until the last on 9 May: "He has now recovered from the overstrain and will resume his work at the Foreign Office next month."

In retrospect, I consider that on his flight, Eden had an episode of vasovagal syncope (fainting), and not a myocardial infarct (heart attack), and his six weeks' rest was unnecessary. Nevertheless, as a result Eden missed the Anglo-Franco-Italian conference at Stresa on 11-14 April. Before they travelled to Stresa, the Prime Minister (the demented Ramsay MacDonald) and his Foreign Secretary (John Simon) visited Eden, who has stated that he implored them to ensure that the conference faced up to German rearmament, agreed to prevent the Nazis from annexing Austria and stopped Italy invading Abyssinia. The British ministers, even when prodded by Robert Vansittart (the Foreign Office permanent under-secretary), failed totally. A French paper detailing the German army's activities in the Rhineland was not presented, nor was the integrity of Austria and Abyssinia guaranteed. MacDonald by now was
There has been considerable debate over how much of Anthony Eden’s Suez disaster can be attributed to his illnesses and his prescribed medication.

There are a few key factors to consider in this debate. Eden's health issues, particularly his recurrent fevers and the stress they caused, may have contributed to his mental and physical strain. His medical advisors, including Sir Horace Evans, advised him to continue with his plans to attack Egypt despite his health concerns. However, the decision to proceed with the operation, and the subsequent diplomatic pressure, may have also affected Eden's mental health.

In summary, while Eden's health issues played a role in his decision-making, the broader political and strategic considerations cannot be discounted. The decision to attack Egypt was a complex one, influenced by multiple factors, and it is difficult to attribute the disaster solely to Eden's health problems.