

Winston Churchill's acute stroke in June 1953

John W Scadding¹ and J Allister Vale^{2,3}

¹National Hospital for Neurology & Neurosurgery, London WC1N 3BG, UK

²Department of Medicine, City Hospital, Birmingham, Birmingham B18 7QH, UK

³School of Biosciences, University of Birmingham, Birmingham B15 2TT, UK

Corresponding author: J Allister Vale. Email: allistervale@npis.org

This article is in our series on Winston Churchill's illnesses

Introduction

In the last week of May 1953, all of Britain had begun celebrations for the Coronation of Queen Elizabeth II.¹ On 27 May 1953, Churchill, aged 79 years, spoke at a luncheon given before the Commonwealth Parliamentary Association and that evening gave a preconference dinner party at 10 Downing Street. The Coronation took place on 2 June and Churchill attended, though was very tired when the day came, according to Jane Portal, his Secretary.¹ On 3 June, Churchill was in the Chair at the opening meeting of the Commonwealth Prime Ministers; Churchill also chaired the second meeting on 4 June.¹ In the absence of the Foreign Secretary, who was awaiting an operation, Churchill and his wife were hosts to the Queen at a banquet at Lancaster House on the evening of 5 June.¹ The following day Churchill was at the Derby Stakes at Epsom Downs Racecourse and on 8–9 June he chaired the fourth and fifth meetings of the Commonwealth Prime Ministers.¹ On the evening of 9 June, there was a 'vast Commonwealth dinner at No. 10 for the visiting Prime Ministers, followed by a reception'.²

Methods

Information regarding Churchill's illness in 1953 was available from various sources. Foremost were those of Churchill's personal physician, Lord Moran,^{3,4} and Sir Russell Brain,⁵ the eminent neurologist whom Moran consulted. By courtesy of the present Lord Moran and the Wellcome Library, we have had access to his grandfather's original papers regarding this illness, though permission to include information not previously in the public domain was not granted. However, the present Lord Brain (Michael Brain DM FRCP) has kindly allowed us to cite clinical details

from his father's clinical records held by the Royal College of Physicians. Sir John Parkinson's family also gave permission to include details from his medical report on Churchill. Mary Soames (Churchill's daughter) added further details,⁶ as did Martin Gilbert (Churchill's main biographer),^{1,7,8} John Colville (Joint Principal Private Secretary),^{2,9} Harold Macmillan (Housing Minister),¹⁰ Rab Butler (Chancellor of the Exchequer)¹¹ and Sir Norman Brook (Cabinet Secretary).¹²

Preparation for the Bermuda Conference, June 1953

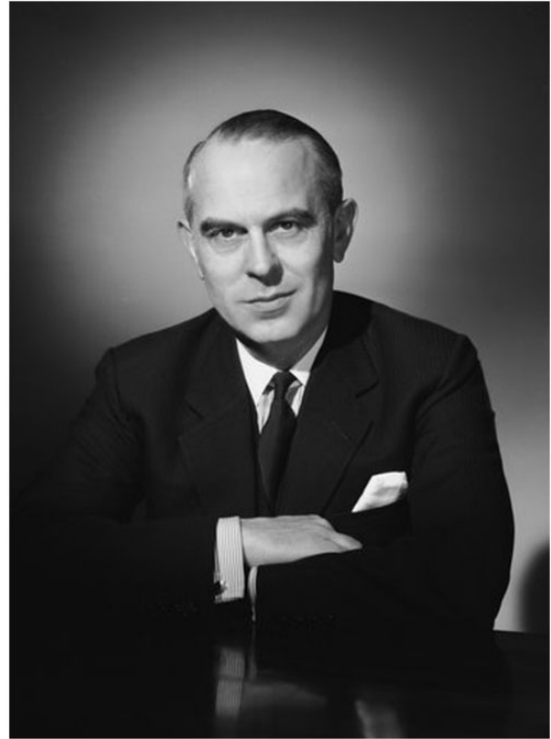
On 12 June, Churchill went to Chartwell for the weekend and telegraphed President Eisenhower regarding the forthcoming Bermuda Conference. Sir Pierson Dixon (Deputy Under-Secretary of State, Foreign Office) met with Churchill on 20 June and wrote, 'Mentally, he is more alert than he was towards the end of the war. As always, he did all the work himself in the sense of dictating the telegrams himself after reaching the decision.'¹ On 21 June, Churchill sent Eisenhower a note of those who would accompany him to Bermuda.¹ Two days later, Churchill telegraphed Eisenhower again regarding the meeting.¹

Yet, when Moran³ (Figure 1) saw Churchill on 23 June, he concluded that Churchill was 'played out – as he was at Cairo before the Carthage illness'.¹³ 'I thought his speech was slurred and a little indistinct. Twice I had to ask him to repeat what he had said... I told him I was unhappy about the strain, that it was an impossible existence and that I hoped he would find he could do something about it.'³ Before leaving No. 10, Moran³ sought out David Pitblado (Joint Principal Private Secretary to Churchill) to tell him that he was worried.

Figure 1. Lord Moran. © Alamy E0R4D4.



Figure 2. John Colville. © NPG 191323.



Dinner at No. 10 for the Italian Prime Minister on 23 June 1953

That night, Churchill was host at No. 10 for a dinner for 38 people in honour of the Italian Prime Minister, de Gasperi. Sir Kenneth Clark¹⁴ (Chairman, Arts Council) wrote of the events:

Although I can remember very few of our own parties, I do remember one dinner party at No. 10 Downing Street, which I may describe, as it has a certain historical interest...I had been looking across at Mr Churchill somewhat apprehensively, but when the time came he made an excellent speech about Italy, and one could feel a wave of relief passing over the guests. The men left the table immediately after the ladies, and we got as far as the door of the drawing-room when Mr Churchill slumped into the first chair. I saw Jane [Lady Clark] standing nearby, and told her to sit beside him. He took her hand and said 'I want the hand of a friend. They put too much on me. Foreign affairs...', and his voice drifted away. I discovered Mary [Churchill's daughter]. There was no doubt of what had happened. Mary and Christopher [Soames

MP, Churchill's son-in-law and Parliamentary Private Secretary] got him to bed.

Colville⁹ (Figure 2) recorded in his diary,

On June 23rd Meg and I dined at No. 10 for a big dinner in honour of the Italian Prime Minister, de Gasperi... At the end of dinner W[inston Churchill] made a little speech in his best and most sparkling form, mainly about the Roman Conquest of Britain! After dinner, he had a stroke, which occurred while he was in the pillared room among the guests. He sat down and was almost unable to move. After the guests had left, he leant heavily on my arm but managed to walk to his bedroom.

Colville⁹ wrote in his diary that nobody seemed to notice that Churchill did not stand up to say goodbye to de Gasperi or any of the ladies.

Mary Soames⁶ has also recorded the details of dinner.

When alerted, I hastened to his side; Christopher told me to try and guard him from the people, as he was having difficulty with his speech. I did my

best, but it was not very easy – my father looked unhappy and uncertain and was very incoherent. Christopher managed to convey to Signor De Gasperi that Winston was very much overtired, and the Italian Prime Minister, with kind understanding, soon took his leave, the other guests following his example. A few had noticed the slur in Winston's speech and his unsteadiness, but attributed it to his having had a little too much to drink; nobody guessed the real reason – that he had sustained a stroke. Meanwhile Jack Colville tried, unsuccessfully, to contact Lord Moran, but finally had to leave a message asking him to come to No. 10 in the morning. We escorted my father upstairs to his bedroom, and there he seemed to feel, and to be, much better.

Although repeated attempts were made to contact Moran,⁴ it was not until half an hour after midnight that the No. 10 switchboard was able to contact Moran and to ask that he see Churchill at 9 o'clock the following morning.

Assessments by Moran and Brain on 24 June 1953

The following morning, Moran⁴ spoke with Colville and Christopher Soames before seeing the Prime Minister. Moran⁴ went in to see his patient. Churchill said, 'Ah, Charles, I thought you would never come.' Moran observed that the left side of Churchill's mouth sagged; it was more noticeable when he spoke. Moran asked Churchill to walk. Although he was able to do this unaided, he was not very steady on his feet, and at one point Moran thought he would fall and jumped to Churchill's side. Churchill said, 'I would not like to walk to my seat in the House of Commons with members watching. What has happened, Charles? Is it a stroke?'⁴

Moran⁴ then examined Churchill and found there was no loss of power of the hand or leg. Moran explained to Churchill that the circulation in his head was sluggish; there was spasm of a small artery. It belonged to the 'same family' as the incident at Monte Carlo in August 1949.^{4,15} Churchill responded that he thought that was the trouble.⁴ Moran⁴ asked Churchill if he would like to see Sir Russell Brain again, but received no answer. Moran⁴ said he would return in the afternoon.

As soon as Moran's back was turned, Churchill got up, dressed and presided at the Cabinet for two hours.¹⁶ When Colville escorted Churchill to the Cabinet Room he felt sure the telltale droop of his mouth on the left side and his slurred speech would betray the secret. In the event, no member of the

Cabinet noticed anything wrong.¹⁶ For example, Macmillan¹⁰ wrote,

I certainly noticed nothing beyond the fact that he was very white. He spoke little, but quite distinctly, I remember that he called to me 'Harold, you might draw the blinds down a little, will you'. I also noticed that he did not talk very much.

Rab Butler later told Colville that nobody at the Cabinet table noticed anything strange except that the Prime Minister was more silent than usual.⁹

Fortunately, as Churchill was extremely tired, there were no guests for luncheon. Churchill dined with his wife and the Soames. Once more Churchill had difficulty in getting up from his chair. After luncheon, Churchill telephoned Moran,⁴ who noticed no speech deficit, and asked Moran to bring Brain with him.

Brain⁵ (Figure 3) recorded that Moran asked him to go and see Churchill with him at 10 Downing Street. 'He did not give any reason for this... but when I got there, I found that Churchill had had a stroke.'⁵ Brain⁵ recorded that Churchill had slept after the Cabinet meeting and his secretary mentioned that she thought there was some drooping of the left side of his face. This was apparent when he spoke and also when he smiled, and his speech was at first somewhat slurred, but there was

Figure 3. Sir Russell Brain. ©NPG 164681.



at no time any evidence of aphasia.⁵ There was a slight weakness of the left lower face on voluntary and emotional movement, and his tongue deviated slightly to the left. There was no weakness of the limbs and no change in sensation, but the left plantar reflex was extensor while the right was flexor. Churchill walked about the room with only a slight trace of unsteadiness. Churchill said he had no headache but felt as though there was something in his head. He was put on a dose of trinitrin (glyceryl trinitrate) night and morning.⁵ After his examination was finished, Churchill gave Brain⁵ an address on foreign policy!

Churchill had intended to answer questions in the House of Commons that afternoon, but Mrs Churchill and Christopher Soames⁶ persuaded him not to do so, adding their weight to Moran's⁴ warning that he might risk breaking down completely if he did.

Chartwell, 25 June 1953

On Thursday, 25 June, the effects of the stroke were rather more pronounced according to Mary Soames.⁶ When she saw her father that morning, she found him very despondent. Moran⁴ also assessed Churchill. He noted no improvement in his speech and that, if anything, Churchill was more unsteady in his gait.⁴ Churchill said,

I don't feel like managing the world and yet never have they looked more like offering me it. I feel, Charles, I could do something that no one else can do. I was at the peak of my opportunities, exchanging friendly messages with Malenkov [Chairman of Council of Ministers, USSR] and Adenauer [Chancellor of the Federal Republic of Germany].⁴

Moran⁴ asked Churchill, 'You meant to send the messages?' 'No I have done already', replied Churchill.⁴

Moran⁴ noticed that Churchill's speech was becoming slurred and more difficult to follow. Churchill lay back on his pillow as if he were too tired to go on.⁴ Once more, Moran⁴ pressed him not to attend the Cabinet, and when he became obstinate Moran said that the left side of his mouth drooped and that he did not want him to go among people until he was better. They would notice things and there would be talk.⁴ After Moran had gone, Soames attempted to influence his father-in-law. In the end, Churchill gave up the idea and left about noon for Chartwell.⁴ It was thought better that Churchill went down to Chartwell where privacy could be more easily achieved.⁶ Fortunately, Churchill had been able to walk unaided to his car at Downing Street but by the time he reached Chartwell he needed considerable help getting out of the car.⁶

Colville⁹ noted in his diary,

When I drove down to Chartwell alone with the Prime Minister (Lady Churchill having gone on ahead to prepare the household), he gave me strict orders not to let it be known that he was temporarily incapacitated and to ensure that the administration continued to function as if he were in full control.

Colville realised that however well he knew Churchill's policy and the way his thoughts were likely to move, he had to be careful not to allow his own judgement to be given Prime Ministerial effect. To have done so would have been a constitutional outrage. 'It was an extraordinary, indeed perhaps an unprecedented, situation.'⁹ Colville⁹ was aided by '... the down-to-earth intelligence of Churchill's son-in-law, Christopher Soames, Member of Parliament for Bedford... the shrewdness of his comments, combined with his ability to differentiate between what mattered and what did not, was of invaluable help in difficult days'.

Colville⁹ recognised that he could not obey Churchill's injunction to tell nobody. The truth would undoubtedly leak to the press unless he took immediate defensive action. So he wrote urgently and in manuscript to three particular friends of Churchill, Lords Camrose (Proprietor of the *Daily Telegraph*), Beaverbrook (Proprietor of the *Daily Express*) and Bracken (Proprietor of the *Financial Times* and *Economist*), and sent the letters to London by despatch rider. All three men immediately came to Chartwell and paced the lawn in earnest conversation. They achieved the all but incredible, and in peacetime possibly unique, success of gagging Fleet Street, something they would have done for nobody but Churchill.⁹ Not a word of the Prime Minister's stroke was published until Churchill himself casually mentioned it in a speech in the House of Commons a year later.⁹ Colville⁹ also prepared briefs for Butler and Salisbury (see below).

Colville⁹ stayed at Chartwell nearly a fortnight supervising matters.

Chartwell, 26–30 June 1953 including assessments by Moran and Brain

Brain⁵ went down with Moran to see Churchill at Chartwell on 26 June. Brain⁵ recorded that Churchill had obviously deteriorated. His speech was more dysarthric, and his left hand was becoming weaker and his gait more unsteady.⁵ At times he would choke and cough when swallowing.⁵ There was considerable clumsiness of the left hand, but his left grip was still fair and movements of the arm at the elbow and shoulder good.⁵ The main weakness

was in the small muscles of the hand. Power was little diminished in the left lower limb, but he tended to stagger to the left when he walked.⁵ There was no impairment of appreciation of pin prick or postural sensibility. The tendon reflexes were brisker on the left side than on the right, and as before, the left plantar was extensor while the right was flexor.⁵

Moran also recorded his assessment on 26 June but did not mention that Brain was present. Churchill told Moran⁴ as he entered his room that ‘my hand is clumsy’. Transferring his cigar to his left hand, he made a wavering attempt to put it to his lips. Moran⁴ examined Churchill’s left hand and arm and observed some loss of power in the left grip – and this had developed since yesterday, three days after the onset of the trouble. Moran⁴ wrote, ‘I do not like this, the thrombosis is obviously spreading. He knew that his hand was weaker...’ Churchill complained, ‘I am having great difficulty in turning over in bed. Two days ago I wanted to take the Cabinet. Now I couldn’t. I have scratched Bermuda. It will not come out until Ike [President Eisenhower] replies to my telegram.’⁴

Brain has written that Christopher Soames asked him

in Moran’s presence what I thought were the prospects of Winston making a reasonably complete recovery. I had to think quickly. I was not too hopeful and certainly did not expect that he would make the almost complete recovery as far as his physical condition was concerned which he did, but I thought that in the circumstances, it was worse to give a prognosis which turned out to be too bad than one which events would show to be too good. So I put his chances of a reasonably complete recovery at 50/50.

Moran recorded this prognostic comment on 24 July 1953, when Brain was not present (see below).

Moran and Brain prepared a first Medical Bulletin¹⁷ which read:

The Prime Minister has had no respite for a long time from his very arduous duties and there has developed a disturbance of the cerebral circulation which has resulted in attacks of giddiness. We have therefore advised him to abandon his journey to Bermuda and to have a month’s rest. *Sir Winston had a similar though less serious attack in August 1949 when staying in Cap d’Ail.* (The words in italics do not appear in *The Struggle for Survival*.⁴)

Moran⁴ stated that after he had left, Butler (Chancellor of the Exchequer) and Lord Salisbury (Lord President of the Council and Leader of the

House of Lords) altered the Bulletin and persuaded Churchill to agree to their wording. The National Archive¹⁷ contains the revised version signed ‘WSC 25.VI’ which reads:

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 at least for a month.

Macmillan¹⁰ wrote that

Butler and Salisbury took a heavy responsibility in agreeing to what was undoubtedly the wish of the Prime Minister and the members of his family that the medical bulletin should be issued in a comparatively helpful form. However, I felt they were fully justified. It was only fair that Churchill should have a few weeks to make up his mind.

Moran concluded that Butler and Salisbury ‘may well be right, that is of course if he (Churchill) comes through. For if he recovers and wants to carry on as Prime Minister, then the less we say about a stroke, the better for him. But will anyone who knows the P.M. credit that he is willing to take a month’s rest merely because his doctors thought he was overdoing things? And besides, if he dies in the next few days will Lord Salisbury think his change in the bulletin was wise? It is a gamble.’ (Note: Moran’s¹⁸ original notebook entry read ‘In the long run it is wisest to be honest with the public’.)

On 26 June, the Queen sent Churchill a letter in her own hand⁴:

My dear Prime Minister, I’m so sorry to hear from Tommy Lascelles that you have not been feeling too well these last few days. I do hope it is not serious and that you will be quite recovered in a very short time. Our visit here is going very well and Edinburgh is thrilled by all the pageantry. We have been lucky in having fine weather, but I fear that it is now raining after a thunderstorm.

With all good wishes

Yours very sincerely

Elizabeth R

Churchill was thrilled by this letter and replied at once. Churchill informed Her Majesty that he was not without hope that he might soon be about and able to discharge duties until the autumn, when he thought that Anthony (Eden) would be able to take over.⁴

Churchill also sent a telegram to Eisenhower on 26 June. ‘You will see from the attached medical report

the reasons why I cannot come to Bermuda...'⁷ Eisenhower replied by return.

I am deeply distressed to learn that your physicians have advised you to lighten your duties at this time and that consequently you will be unable to come to Bermuda for our talks. I look upon this only as a temporary deferment of our meeting. Your health is of great concern to all the world and you must, therefore, bow to the advice of your physicians.⁷

On 26 June, Butler was summoned to Chartwell. On arriving, he was handed a letter from Colville dated 25 June which read:

I write, very sorrowfully, to let you know quite privately that the PM is seriously ill and that unless a miracle occurs in the next 24 hours there can be no question of his going to Bermuda and little, I think, of his remaining in office... he's been left with great difficulty of articulation although his brain is still absolutely clear. His left side is partly paralysed and he's lost the use of his left arm. He himself has little hope of recovery. His courage and philosophic resignation are beyond praise and admiration and Lady Churchill, too, is heroic...¹¹

Butler¹¹ wrote that 'the family and Christopher Soames were in tears; but quite soon the mighty constitution prevailed, and I remember sitting at dinner whilst Winston with his good arm carried to his lips a beaker of brandy.' Although it was officially conveyed to Butler that Eden was the rightful deputy, given that he was recuperating from a serious illness, Butler was by a tacit understanding expected to perform as the head of the Government, with Lord Salisbury taking charge at the Foreign Office in place of Eden. Butler¹¹ and Salisbury returned to London together.

Mary Soames saw her father on 27 June. 'There are nurses now, and he cannot walk, or use his right [presumably left] hand much. In the afternoon he had a fall – but beyond the jolt – no damage.'⁶ Churchill told Moran⁴ that morning,

I'm getting more helpless. I shall soon be completely paralysed on my left side. I don't mind. But I hope it won't last long. Will the other side be paralysed? Why it might last for years. Tell me, Charles, is there no operation for this kind of thing? I don't mind being a pioneer. Anyway, it is clear now that we made the right decision in abandoning Bermuda.

Moran got Churchill out of bed, but he could hardly stand and recorded that there was now some obvious loss of power so that Churchill's left foot drops and his toes catch the carpet. Churchill could not walk without two people helping him, though in his wheelchair (provided by Bracken) he could propel himself from room to room. Churchill paused before his portrait in the blue drawing room. 'It is a picture of a very unhappy man painted after the Dardanelles by Orpen [Sir William Newenham Montague Orpen]. He thought I was finished.'

On 28 June, Mary Soames⁶ recorded that 'Today he is gayer... Lord M says there is a distinct improvement.' Brain⁵ recorded, however, that there was 'no substantial change'. At luncheon, Churchill was well enough to sit at the head of the table and to entertain Beaverbrook as the main guest. During lunch, Moran could see that Churchill was becoming tired and Churchill asked Moran to take him to bed. Churchill insisted on getting out of his chair, and he was helped into his room; 'his good foot coming down on the passage with a noisy stump, while the toes of his left foot dragged along the carpet'. When Churchill and Moran⁴ were alone, Churchill said, 'A week ago I was thinking of running the world – and now –'.

By 29 June, instead of being dead, Churchill was feeling very much better. Churchill told Colville he thought

probably that this must mean his retirement, but that he would see how he went on, and that if he had recovered sufficiently well to address the Tory party at their annual meeting in October at Margate, he would continue in office.⁷

The Cabinet meeting was held at noon on 29 June. In the absence of the Prime Minister and Foreign Secretary (Eden), Butler presided and told his colleagues of the visit that he and Salisbury had made to Chartwell on 26 June. Macmillan¹⁰ wrote,

He revealed to us what we had only surmised – the nature of his [Churchill's] illness. It was a terrible shock to us all. Although the story was told simply and discreetly, many of us were in tears or found it difficult to restrain them.

On 30 June, Brook and Colville dined with Churchill alone. Brook wrote later that Churchill was

in a wheelchair. After dinner, in the drawing-room, he said that he was going to stand on his feet. Colville

and I urged him not to attempt this, and when he insisted, we came up on either side of him so that we could catch him if he fell. But he waved us away with his stick and told us to stand back. He then lowered his feet the ground, gripped the arms of his chair, and by tremendous effort – with sweat pouring down his face – levered himself to his feet and stood upright. Having demonstrated that he could do this, he sat down again and took up his cigar.

Brook¹² commented, ‘It was a striking demonstration of will-power. In defeat: defiance... he was determined to recover.’

Chartwell, 2–23 July 1953, including assessments by Moran and Brain

Macmillan¹⁰ was ‘summoned’ to dine at Chartwell on 2 July. Moran told Macmillan¹⁰ that he was more than satisfied at Churchill’s progress but that he thought he might be shocked at Churchill’s appearance.

My first impressions were of astonishment that a man who had suffered such a calamity could show such gaiety and courage. During dinner, and until he went to bed, just after 11 p.m., his talk seemed much the same as usual. The atmosphere was not oppressive, but almost lively.¹⁰

Butler recounts that he went down to Chartwell again while Churchill was still convalescing. Churchill’s nurse wheeled him to look at his beloved goldfish pond. On one side of it are some stepping stones leading to the other end and, without saying anything, Churchill started to try to negotiate these. Butler plunged into the water on one side and held Churchill up while the nurse came along behind. Butler¹¹ and the nurse got Churchill over safely and wheeled him back to the summer house where they sat, Butler drenched, discussing English history as depicted in the Weald of Kent! Butler¹¹ wrote, ‘very few men can have got over such a paralysis in so lion-hearted a manner’.

Brain⁵ saw Churchill at Chartwell again on 3 July. The previous night, Churchill had had an attack of jerking of the left leg involving flexors of all joints and slight jerking of the left hand. This went on for a quarter of an hour or more.⁵

Since I last saw him, he had become still weaker in the arm and leg, and was unable to walk, but now he was improving and his speech was better. There was still weakness of the left lower face and

left half of the soft palate, but his tongue deviated slightly to the right. The left grip was fair and there was moderate weakness of all movements of the left upper limb. There was general weakness also of the left lower limb in which plantar flexion was fair and the power of dorsiflexion and inversion of the foot was just returning. As before, the tendon reflexes were brisker on the left side than on the right, and the plantars were left extensor, right flexor, and there was no sensory loss. He was now able to use his left hand to propel his wheel chair, and to walk unaided a few steps. I noted that the right carotid pulse was still much smaller in volume than the left.⁵

Moran¹⁹ recorded that 4 July was ‘a good day. Full of spirits.’ Churchill could walk a short distance and said that each day he would do a little more.¹⁹ During dinner, Churchill’s retirement in October came up. ‘I shall do what is best for the country,’ and with a whimsical smile, ‘Circumstances may convince me of my indispensability’.¹⁹ Moran¹⁹ wrote, ‘There it is: he has no intention of retiring if he can help it.’

On 5 July, Churchill could walk unaided,¹⁹ but the next day he did not feel ‘on top of things’, but was able to recite without difficulty Longfellow’s *King Robert of Sicily*.¹⁹ Moran¹⁹ wrote that Churchill

means to carry on if he is able, and the question whether he will be able is hardly ever out of his head. This is his secret battle. There are moments when he does not want to do anything, when a dreadful apathy settles on him and he nearly loses heart. But he always sets his jaw and hangs on.

On 8 July, Moran¹⁹ recorded that there was some gain in the strength of Churchill’s left foot and an obvious improvement in Churchill’s attitude to life. Moran¹⁹ told Churchill on 10 July, ‘you are supposed to be a bad patient, but you have behaved very well in the last fortnight’. Churchill replied, ‘I feel I have done my bit’.¹⁹

On 11 July, Churchill demonstrated to Moran¹⁹ that he could lift his left arm above his head and turn on the switch of the reading lamp which he could not do the previous day. Churchill invited Moran¹⁹ to walk in the garden with him and observe ‘what I can do’. After the walk, Churchill said, ‘I’m better but I’m not entirely recovered yet. I get very weary. You must give me some strength, Charles, before I can do anything. At present I keep dropping off to sleep.’¹⁹

On 12 July, Churchill's nurse telephoned Moran and explained that the Prime Minister did not feel so well when he woke this morning. He was much stiffer, particularly in his back muscles. Moran explained to Churchill that this was due to the extensive walk in the garden yesterday when he used muscles he did not generally use. Churchill again complained of 'immense fatigue'. 'Can't you give me a tonic, Charles? Something to get rid of this horrible sense of exhaustion?' Moran¹⁹ recorded on 13 July that Churchill was in good form, though his leg twitched for an hour last night.

On 17 July, Churchill sent a telegram to Eisenhower which ended,

I have made a great deal of progress and can now walk about. The doctors think that I may well be may be well enough to appear in public by September. Meanwhile, I am still conducting business. It was a great disappointment to me not to have my chance of seeing you.¹⁹

Butler was Churchill's dinner guest at Chartwell on 19 July. Colville,⁹ who was also present, noted that Churchill was 'much improved in powers of concentration' and 'sparkled at dinner'. Butler had brought the speech he intended to make in the Foreign Affairs debate. After dinner, Churchill 'went carefully and meticulously through Rab's speech'.⁹ Moran was told the following morning that Butler was astonished by the progress Churchill had made in the course of the week. Butler did not rule out a comeback.¹⁹

On 22 July, Moran found Churchill 'in poor form. Speech very slurred, and he is walking badly'. Camrose joined Churchill to discuss Volume VI of *The Second World War*. Camrose told Moran Churchill would never go back to the House [of Commons].

Churchill handed Moran a message on 23 July that had appeared in the French and American press.

Monsieur Bidault [French Foreign Minister] told the Council of Ministers that the P.M. is suffering from complete paralysis, and that though he retains his intellectual lucidity, he is incapable of moving without assistance. Mr Eden is cutting short his convalescence in order to fly home.¹⁹

Churchill jumped out of bed and, walking across the room, climbed on to a chair and stood erect without holding on to anything.¹⁹

Churchill was well enough on 24 July to travel from Chartwell to Chequers.

Chequers 24 July–11 August 1953, including assessments by Moran and Brain

On reaching Chequers, Churchill invited Moran to accompany him on a possible visit to Moscow. Moran¹⁹ wrote,

Sir Russell Brain, a careful, prudent physician, puts the PM's chance of coming back alive from a trip to Moscow as low as fifty-fifty. Excitement might bring on another stroke or at any rate leave him unable to play his part when he got there. But if he knew the odds I am sure he would take them.

This statement is strongly disputed by Brain.

This prognostic comment of mine has somehow been transposed by Moran to a consultation a month later, and it now appears under date July 24th 1953 on p.442 of his book. By July 24th, Churchill was much better... I was not asked what his prospects were of coming back alive from a trip to Moscow, nor if I had been, should I have put it as low as 50/50... Moreover, this remark of mine appears under July 24th 1953, which is a day on which I did not see Churchill...

Brain⁵ reviewed Churchill again on 25 July at Chequers, when he recorded that Churchill was much improved and his speech more normal. There was no dysphagia now. He had a little weakness of the left lower face. In the upper limb, there was now little weakness at any joint. He could brush his hair and move his fingers individually.⁵ In the lower limb, all movements were good against resistance. He walked with a slight limp.⁵ He could do a 'knees-bend' twice and had climbed on to a chair and stood on it. He walked well and quickly, but with slight ataxia of the right lower limb at the ankle.⁵ The reflexes were as before. There was no sensory loss, but subjectively Churchill complained of two numb areas on the outer side of the left lower limb above and below the knee.⁵ He said the right side of the body (which had previously been affected) felt more abnormal than the left. His blood pressure was 170/90 mmHg. There were occasional extrasystoles, but his pulse did not become rapid even after considerable exertion. Churchill still had some frequency of micturition and some precipitancy and had noticed the loss of emotional control.⁵ He wept if moved, for example, by poetry.⁵

Moran noted in his diary, 'Brain thinks he may recover 90% physically. But he is less certain about his ability to concentrate. He doubts whether he will be alive in a year's time.'¹⁹ On 2 August, Churchill had an audience with the Queen. He informed Her

Majesty that he would decide in a month as to his fitness to continue as Prime Minister.⁹

Churchill met with Salisbury, Butler and Sir William Strang, the Head of the Foreign Office, on 8 August to discuss the Soviet reply to an invitation to a conference of Foreign Ministers. This was the first meeting Churchill had chaired since his stroke. Colville, who was present at the meeting in the Hawtrey Room, wrote in his diary, 'Apart from his unsteady walk, the appearances left by his stroke have vanished, though he still tires quickly. However Lord Moran told me he thought there might be another stroke within a year. Indeed it was probable.'⁹

Assessments by Moran, Brain and Parkinson, 12–25 August

On 12 August, Churchill returned to Chartwell via 10 Downing Street so that he could be assessed by Brain; Moran was also present. When they arrived, Churchill was in the Cabinet Room sitting in the Prime Minister's chair with the usual extinct cigar and a whisky and soda. Churchill invited his doctors to take their seats at the Cabinet Table.⁵ Subsequently, Churchill lay on his bed and Brain⁵ found that he had 90% recovery of power in the left face and upper and lower limbs. On walking, Churchill did not swing his arm and tended to catch his toe. His left plantar reflex was still extensor.⁵ Churchill still suffered occasional twitching of his left leg, but his emotionalism was very much less. 'I've got more bite', Churchill said, clenching his teeth.⁵

Against Moran's²⁰ advice, Churchill chaired his first cabinet meeting since his illness on 18 August at 5 pm.⁶ The meeting went well. Norman Brook told Moran²⁰ that he did not think any of Churchill's colleagues had noticed anything different from an ordinary Cabinet.

Churchill was reassessed by Sir John Parkinson (Figure 4) in the presence of Moran on 24 August at his Rooms at 1, Devonshire Place. Parkinson had first assessed Churchill in February 1942.²¹ Moran²⁰ reported that Churchill was more breathless on effort since his stroke two months ago and his pulse was a little quicker. Parkinson noted that Churchill was taking one or two seconal (quinabarbital/secobarbital) tablets to sleep at night. On examination, Parkinson found some deafness and a doubtful slurring of speech. Churchill's pulse was 70/min and regular and his blood pressure was 145/90 mmHg. His urine showed a trace of albumin. Radioscopy showed a normal heart and the electrocardiogram was also normal with one extrasystole.

Figure 4. Sir John Parkinson. © Elva Carey.



Churchill told Parkinson that although the family wanted him to retire, he feels that he still has things which he can best do. Mentally, he seems less responsive but is clear in mind and speech. At the end of the consultation, Parkinson noted that Churchill was chatting in his 'old interesting and friendly fashion'.

Moran²⁰ recorded that Parkinson told Churchill that 'his heart was years younger than his age, and more in that key, until the P.M. must have wondered why I had taken him to a heart specialist'. 'Well, Charles, we need not bother about my pump any more', said Churchill.²⁰

Brain⁵ saw Churchill at 10 Downing Street on 25 August. Brain recorded that Churchill took Cabinet last week and was very tired afterwards, and both legs twitched for an hour and kept him awake.

He complains that his walking varies and he seems loose at the knees. He was walking badly yesterday but not much wrong today. There was no change in his physical signs. I think the trouble is variability in

the collateral circulation, influencing the highest levels of control.⁵

Churchill's pulse was 84/min after exercise, falling in half a minute to 76/min.⁵ Moran reported Brain as stating that he doubted whether Churchill would ever be able to make speeches in public or to answer questions in the House of Commons.

Even if I am wrong and he resumes his duties in the House, I believe that in a few weeks the effort would be too much. His walking, which is still unsteady, might get worse, and he might be so fatigued that he could no longer carry on. In any case, probably a month from now his gait will be much the same, at any rate when he is tired.²⁰

Brain agreed that Churchill's willpower had no doubt helped him. Brain agreed with Moran that if Churchill retired now, he would probably be dead within the year. On the other hand, if he decided that he can still do a useful job of work for the country, it is for his doctors to help if they can, and certainly not to hinder.²⁰

Moran²⁰ spoke with Norman Brook as to how Churchill had weathered his second Cabinet since the stroke. The Cabinet had lasted two hours and 40 min and Brook reported that the Prime Minister was quite fresh at the end of it.²⁰ Churchill had had no difficulty in concentrating as long as the discussion lasted.²⁰ After the Cabinet, Churchill had been in close discussion with other colleagues in the delicate task of the reorganisation of the Government.²⁰ At 7 o'clock Churchill went to his room and worked on the proofs of *Triumph and Tragedy* until dinner time when he was joined by Lord Swinton (Secretary of State for Commonwealth Relations) and Butler, and they did not leave him until 1 o'clock in the morning.²⁰ Moran²⁰ then told Brook that at 9 o'clock the following morning Churchill was breakfasting and right at the top of his form.

Churchill's doctors

Lord Moran (1882–1977)

Charles Wilson (Figure 1) was appointed Dean of St Mary's Medical School in 1920, a post he held until 1945. He became Churchill's doctor on 24 May 1940 and remained his personal physician until Churchill's death in 1965.²² He treated Churchill for chest pain in December 1941 in Washington,²¹ for pneumonia in London in February 1943,²³ for pneumonia and atrial fibrillation in Carthage in December 1943¹³ and for pneumonia in London in August

1944.²³ Moran also treated Churchill in 1949 when he suffered his first stroke¹⁵ and was primarily responsible for managing the further episodes of cerebrovascular disease in 1950–1952.²⁴

Wilson was knighted in 1938, created Baron Moran of Manton in the County of Wiltshire in 1943, and was appointed Treasurer (1938–1941) then President of the Royal College of Physicians of London (1941–1950).²²

Sir Russell Brain (1895–1966)

Russell Brain (Figure 3) was a consultant physician at the (then) London Hospital and the Maida Vale Hospital for Nervous Diseases. Brain⁵ earned his living primarily from his private practice and as the author of *Diseases of the Nervous System, Clinical Neurology*, and other medical and non-medical books. He was President of the Royal College of Physicians from 1950 to 1956, succeeding Lord Moran.^{25,26} Brain had assessed Churchill previously at Moran's request on 5 October 1949, 15 October 1949 and 8 December 1949 following Churchill's first stroke,¹⁵ and on multiple occasions in 1950–1952 for further episodes of cerebrovascular disease.²⁴

Brain was knighted in 1952, made a baronet on 29 June 1954, and on 26 January 1962 was created Baron Brain of Eynsham in the County of Oxford. In March 1964, he was elected a Fellow of the Royal Society.

Sir John Parkinson

Parkinson (Figure 4) was appointed Assistant Physician to the London Hospital in 1920, Physician in 1927 and Physician to the Cardiac Department in 1933.²⁷ He was President of the Association of Physicians of Great Britain and Ireland and of the British Cardiac Society.²⁷ Parkinson and Evan Bedford^{28,29} were foremost in correlating the symptoms and electrocardiographic signs of myocardial infarction. In 1930, Parkinson along with Louis Wolff and Paul White³⁰ in America described bundle-branch block associated with a short P-R period in healthy young people prone to paroxysmal tachycardia (the WPW syndrome). Parkinson had first assessed Churchill in February 1942.²¹ He was knighted in 1948.²⁷

Discussion

This account of Churchill's stroke in 1953, drawn from many sources, includes both the medical observations of Moran and Brain and those of his family and political colleagues. We believe that it represents

the most comprehensive account of this stroke, which threatened to end Churchill's time in office as Prime Minister and indeed his political career.

The onset of his neurological symptoms, on 23 June 1953, was followed by improvement, but not complete resolution, within 24 hours, and then worsening, the neurological deficit from the stroke probably reaching its maximum extent some three days after the onset. There then appears to have been some fluctuation in the severity of the symptoms until about 10 days after onset, followed by gradual improvement. At four weeks after the onset, Brain was in no doubt that there had been considerable improvement, when he examined Churchill on 25 July 1953. It was on this day that Brain recorded Churchill's symptoms of emotional lability, but these had improved by the time Brain saw him again on 12 August 1953. We comment further on this feature below.

On 18 August 1953, Churchill presided over a long meeting of the Cabinet at which, apparently, none of his political colleagues realised that he had experienced any new medical problem. Indeed, Churchill's ability to work on the proofs of his book, *Triumph and Tragedy*, following this Cabinet meeting, before a working dinner finishing at 1.00 am the following morning, clearly indicates restoration of his characteristic energy and stamina.

The stroke consisted of a left hemiparesis. The dysarthria was probably in proportion to the observed facial weakness, rather than indicating a cerebellar deficit. No sensory signs were recorded acutely and there was no disturbance of higher cerebral function. The progressive and fluctuating onset is now recognised as being typical of a stroke due to small vessel disease, as discussed in our paper concerning Churchill's first stroke in 1949.¹⁵ Thrombosis *in situ* in a lenticulostriate perforating branch of the right middle cerebral artery, causing a small infarct (lacunar stroke) in the posterior limb of the right internal capsule, in the region of the corticospinal projections, seems the most likely pathological basis for this pure motor stroke. A small subcortical haemorrhage cannot be absolutely excluded, but the slow progression and fluctuation make this much less likely. Parkinson's later cardiac examination was essentially normal and no mention was made in the examinations earlier in the course of this illness of any abnormality of cardiac rhythm which might indicate the possibility of a cardiac embolus as the cause of the stroke. Churchill's excellent recovery is also consistent with a small lacunar infarct as the pathological basis for the stroke.

This stroke in 1953 indicated that by then Churchill had bilateral cerebrovascular disease, the

earlier episodes in 1949¹⁵ and 1950–1952²⁴ having affected the left cerebral hemisphere. The clinical features suggest small vessel disease. With this in mind, it is interesting to comment on Churchill's symptoms of 'emotionalism', as recorded by Brain when he saw Churchill on 25 July 1953. Emotional lability is a recognised feature of focal frontal cerebral lesions and widespread small vessel cerebrovascular disease, when it is often associated with some impairment of cognitive impairment. However, it may also occur as a transient feature of many acute severe illnesses, both cerebral and systemic. The fact that Churchill's 'emotionalism' had improved so substantially and rapidly between Brain's examinations on 25 July and 12 August, suggests that it may well have been a non-specific feature of the acute illness.

Churchill's ability to function at a very high level in Cabinet on 18 August, to the extent that other members of the Cabinet, ignorant of the fact that Churchill had recently had a stroke, felt that he was functioning normally, supports this conclusion. Churchill's will and drive to recover from this episode and return to his full responsibilities as Prime Minister were indeed impressive, and one can but speculate about the influence this may have had on both the rapidity and completeness of his recovery. It is clear that he confounded the more cautious and entirely appropriate prognoses of both Moran and Brain. But this was Churchill!

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References

1. Gilbert M. The call for a summit. In: *Never Despair*. London: Heinemann, 1988, pp.827–845.

2. Colville J. Appendix one. The coronation of Queen Elizabeth II. In: *The Fringes of Power*. London: Weidenfeld & Nicolson, 2004, pp.664–667.
3. Lord Moran. A new lease of life. In: *Winston Churchill. The Struggle for Survival 1940–1965*. London: Constable & Company, 1966, pp.399–407.
4. Lord Moran. Stricken down. In: *Winston Churchill. The Struggle for Survival 1940–1965*. London: Constable & Company, 1966, pp.408–418.
5. Brain WR. Encounters with Winston Churchill. *Med Hist* 2000; 44: 3–20.
6. Soames M. A woman's work is never done. In: *Clementine Churchill*. London: Doubleday, 2003:460–489.
7. Gilbert M. Stroke. In: *Never Despair*. London: Heinemann, 1988, pp.847–857.
8. Gilbert M. Recovery. In: *Never Despair*. London: Heinemann, 1988, pp.858–892.
9. Colville J. The Prime Minister's stroke. In: *The Fringes of Power*. London: Weidenfeld & Nicolson, 2004, pp.625–636.
10. Macmillan H. Churchill the peacemaker. In: *Tides of Fortune 1945–1955*. London: Macmillan, 1969, pp.514–559.
11. Lord Butler. Une idée enmarche. In: *The Art of the Possible: The Memoirs of Lord Butler*. London: Hamish Hamilton, 1971, pp.154–182.
12. Lord Normanbrook. Action this day: working with Churchill. In: Wheeler-Bennett J, ed. *Action This Day. Working with Churchill*. London: Macmillan & Co Ltd, 1968, pp.15–46.
13. Vale JA and Scadding JW. In *Carthage ruins*: the illness of Sir Winston Churchill at Carthage, December 1943. *J R Coll Physicians Edinb* 2017; 47: 288–295.
14. Clark K. Private life and public works. In: *The Other Half: A Self-Portrait*. New York: Harper & Row, 1977, pp.124–147.
15. Scadding JW and Vale JA. Winston Churchill: his first stroke in 1949. *J R Soc Med* 2018; 111.
16. Colville J. Action this day: working with Churchill. In: Wheeler-Bennett J (ed.) *Action This Day. Working with Churchill*. London: Macmillan & Co Ltd, 1968, pp.47–138.
17. The National Archives – Prime Minister's Office. *Postponement of the Bermuda conference owing to the Prime Minister's Illness*. PREM11/517.98, 1953.
18. Lord Moran. *Churchill the Struggle for Survival 1945–60*. London: Robinson, 2006.
19. Lord Moran. Fighting back. In: *Winston Churchill. The Struggle for Survival 1940–1965*. London: Constable & Company, 1966, pp.419–453.
20. Lord Moran. Struggle for survival. In: *Winston Churchill. The Struggle for Survival 1940–1965*. London: Constable & Company, 1966, pp.454–474.
21. Vale JA and Scadding JW. Did Winston Churchill suffer a myocardial infarction in the White House at Christmas 1941? *J R Soc Med* 2017; 110: 483–492.
22. Hunt TC. Charles McMoran Wilson, Baron Moran. *Munk's Roll* 1977; 7: 407.
23. Vale JA and Scadding JW. Sir Winston Churchill: treatment for pneumonia in 1943 and 1944. *J R Coll Physicians Edinb* 2017; 47: 388–394.
24. Scadding JW and Vale JA. Sir Winston Churchill: cerebrovascular disease January 1950–March 1952. *J R Soc Med* 2018; 111.
25. Henson RA. Walter Russell, Baron Brain of Eynsham Brain. *Munk's Roll* 1966; 6: 60.
26. Pickering GW. Walter Russell Brain, first Baron Brain of Eynsham, 1895–1966. *Biogr Mem Fellows R Soc* 1968; 14: 61–82.
27. Evans W. John (Sir) Parkinson. *Munk's Roll* 1976; 7: 443.
28. Parkinson J and Bedford DE. Successive changes in the electrocardiogram after cardiac infarction (coronary thrombosis). *Heart* 1928; 4: 195–239.
29. Parkinson J and Bedford DE. Cardiac infarction and coronary thrombosis. *Lancet* 1928; 211: 4–11.
30. Wolff L, Parkinson J and White PD. Bundle-branch block with short P-R interval in healthy young people prone to paroxysmal tachycardia. *Am Heart J* 1930; 5: 685–704.