

Winston S Churchill's (1874–1965) Inguinal Hernia Repair by Thomas P Dunhill (1876–1957)

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On an early summer morning, June 11, 1947, in a small private nursing home on Berwick Street, London, within walking distance of Harley Street, the 73-year-old Winston S Churchill (WSC) (Fig 1) had his inguinal hernia repaired by Dr Thomas Peel Dunhill (Fig 2), who was only 2 years younger than his patient. Both elderly gentlemen, the patient and his surgeon, were rather short in stature, gray-haired, and balding, but the patient was corpulent and stocky and his surgeon was lean and agile.

No reader needs introductory remarks about WSC—the man whom the great Oxford philosopher Isaiah Berlin defined as “The largest human being of our time” and the one who according to Lord (Roy) Jenkins “with all his idiosyncrasies, his indulgences and his occasional childishness, but also his genius, his tenacity and his personal ability, right and wrong, successful or unsuccessful [was] larger than life [and] the greatest human being ever to occupy 10 Downing Street.”¹ This article will concentrate on WSC, the surgical patient, his health, and his hernia operation, leaving the rest to the numerous biographies written about the man—for no other modern life has been so thoroughly written about as WSC's. But what about the surgeon? Who was the man chosen to repair the large inguinal hernia and who was about to free WSC from the irritating truss for the remaining 17.5 years of his life?

The surgeon

J Chalmers Da Costa (1863–1933), the illustrious Philadelphia surgeon, said that “Medical fame. . . is limited to a very restricted audience. Libraries are crowded with the biographies of soldiers, statesmen, monarchs, orators, scientists, inventors, navigators, explorers, bank burglars, detectives, and philanthropists; and if a library

happens to contain a book or two upon physicians, these books will be found tossed unread on the topmost shelf.”² This is true concerning Dunhill, a pioneer thyroid surgeon and a surgeon to monarchs, whose name has fallen into obscurity. As the personal and surgical life of Thomas Peel Dunhill has been meticulously researched by Ido D Vellar,³ Julian Orm Smith,⁴ and Selwyn Taylor,⁵ only an outline will be given in this article.

Dunhill was born in 1876 at Tragowel, a sheep and cattle station in the State of Victoria, Australia, to John Dunhill, who immigrated from Yorkshire in 1871, and Mary, who was Australian-born. Even as a medical student in Melbourne he experimented in treating thyrotoxic patients with milk produced by thyroidectomized goats, a method soon to be proved useless. He qualified in 1903 and was appointed a “dresser” (resident), a period during which he continued practicing thyroidectomies on goats. According to Geoffrey Keynes (1887–1982), the brother of the renowned economist Maynard Keynes and later Dunhill's colleague and assistant in London, even at that stage “Dunhill had observed. . . that his chief applied to the surgery of the thyroid gland the technique of the dissecting room with scalpel and forceps, and that a very messy operation resulted.”⁶ It was also clear to Dunhill from what he saw around him, and from the literature, that general anesthesia with chloroform leads to a prohibitive mortality rate in thyrotoxic patients who were subjected to operation much too late. Dunhill was also skeptical about the “cure” being claimed by Theodor Kocher (1841–1917) of Bern and Charles Mayo (1865–1939) of Rochester, MN, after removal of one lobe of the toxic thyroid gland and ligation of the contralateral superior thyroid artery. Dunhill was also aware of Kocher's previously attempted total thyroidectomy, which resulted in hypothyroidism, and that Kocher considered surgery contraindicated in “thyrocardiac” patients and those suffering from atrial fibrillation. In 1907, Dunhill acted based on these observations: He operated on severely thyrotoxic patients under local anesthesia, “used his finger rather than a scalpel,” and performed subtotal thyroidectomy. In

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Figure 1. Winston S Churchill (1874–1965).



Figure 2. Thomas P Dunhill (1876–1957).

1908, he reported 32 so-operated thyrotoxic patients with only one death. William Halsted (1852–1922) of Baltimore would report a similar technique only 4 years later. Dunhill's personal series expanded rapidly to include thyrotoxic patients with advanced cardiac failure. By the age of 30, the thyroid had become his claim to fame.³⁻⁶

In 1915, Dunhill volunteered in the Australian armed forces, serving mostly in France (1917–1918); his performance as a military surgeon attracted the attention of some of the leading surgeons in Britain.⁷ In 1919, he returned to Australia but a few months later accepted an invitation from professor George Gask, whom he had befriended in France, to come to London as his first assistant at the new Professorial Unit at the University of London at St Bartholomew's Hospital.

The English beginning was not easy for the Australian country boy "from the Dominions," a "new blood injected" into a "self-satisfied London Hospital"⁷ who "in later years admitted that he felt at first diffident and ill-at-ease."⁶ Keynes, who dedicated a few pages to Dunhill in his book *The Gates of Memory*,⁸ wrote that, "By the

time he came to work in Bart's he had perfected his thyroid technique, although his reputation had not become known in other countries. . . physicians in England were unable to believe his claims. He was suspected of 'cooking' his results. . . ." But soon his sun shone and "visitors flocked to watch him at work. . . until it became difficult to work peacefully. . . ."⁸ According to Keynes, who assisted him both at Bart's and in private, Dunhill was "a general surgeon in the true sense, exceptionally competent at all forms of surgery, whether abdominal or orthopaedic."⁸ According to Sir James Paterson Ross,⁷ Dunhill's move to St Bartholomew's Hospital had "the most profound effect upon surgery in London in general."

Dunhill was described by his colleagues as "modest, courteous, professionally correct, and of complete intellectual integrity." He was also "nervous and excitable and was apt to be irritable and too exacting towards his assistants" but at the same time "he commanded the utmost loyalty and affection. His lean and wiry figure with his pale face and bright eyes gave the impression of a man who allowed himself little mental or physical relax-

ation.”⁶ Dunhill suffered from intractable insomnia, an affliction he shared with his future patient, WSC, whose slumber was routinely induced by barbiturates. For his sleepless nights, Dunhill kept an easel set up in his living room where he did “elaborate embroideries” to ease his mind.⁶

Again according to Keynes,⁸ Dunhill “did not possess the faculty of lucid expression. . .[and]. . .although he enjoyed the company of students he knew that he was not very good at teaching them.” About his language: “When speaking there was no time to seek out all the right words. A characteristic sentence uttered under stress in the operating theatre ran: ‘Tell Miss Thing to out the thing is the thing.’” At the same time, Dunhill could quote long passages of poetry without hesitation.⁸

As his reputation soared, Dunhill was appointed a surgeon to the royal household in 1928 and in 1930 an honorary surgeon to King George V, and later to King Edward VIII and King George VI. In 1935, on his 60th birthday, Dunhill retired from the staff at St Bartholomew’s Hospital and engaged in a flourishing private practice at number 54 Harley Street; he received patients on the ground floor and lived on the first. His practice was within easy walking distance of the three nursing homes where he operated and he used his chauffeur to drive him only in bad weather.⁴

In 1939 he was awarded an honorary FRCS England—the first time this title had been bestowed on a surgeon who was in active practice.³ In 1942, during World War II, he suffered an overwhelming blow when his wife died. This brings us to June 1947—2 years after V-E Day and 2 years before he would stop operating—when the respected, semiretired, elderly surgeon was called on to operate on Winston S Churchill.

The patient

In June 1947 we find WSC already 2 years out of office: He resigned his premiership after being defeated in the general election of July 25, 1945. Initially depressed—moving in and out of gloomy moods—the now ordinary member of Parliament divided his time between Hyde Park Gate, London, the Houses of Parliament, and his country house in Chartwell, receiving honors worldwide and venturing on frequent recreational trips to the continent. In the spring of 1947 he was gathering material for his six-volume war memoirs, planning to publish the

already-completed four-volume *History of the English-Speaking Peoples*, and editing his renowned war speeches for publication.⁹

The referring physician

WSC’s personal physician was Lord Moran (Charles McMoran Wilson) (1882–1977). Even before taking responsibility for WSC’s health in 1940, a role he dedicatedly maintained until WSC’s death, Lord Moran was a leading medical educator and a longterm president of the Royal College of Physicians of London. In 1945 he published the widely acclaimed *Anatomy of Courage*, a study of soldiers’ behavior in battle, based on his own World War I experience.¹⁰ In 1966, immediately after WSC’s death, Lord Moran published the controversial *Churchill: Taken from the Diaries of Lord Moran: The Struggle for Survival*,¹¹ which provides a detailed description of Churchill the human being and the patient, and their intricate patient-doctor relationship.¹¹ This book has become the best source on WSC’s health, including his hernia operation.

Lord Moran, who was deeply entrenched in London’s medical life, must have known Dunhill—the surgeon to the kings—from before World War II. From professor Selwyn Taylor we learn that Lord W Russell Brain (1895–1966), who in 1949 would become WSC’s neurologist, attended the London Thyroid Club together with Dunhill;⁵ whether Moran attended as well we do not know, but it appears that Moran made his selection of specialists for his famous patient from what he considered the top echelon of London’s practitioners. “He is a simple soul, though a fine craftsman,” was Moran’s typically ambivalent opinion of Dunhill in his “diaries.”¹¹ According to Keynes, “Lord Moran insisted that Dunhill was not only an exquisite human carpenter, but also had a quite outstanding gift for observation.”⁶ JO Smith, in his Watson Memorial Lecture,⁴ hinted that Dunhill had treated Churchill previously for some condition during World War II. Referring to Moran’s book,¹¹ Smith wrote, “At least the author [ie, Lord Moran] has had the good taste to refrain from citing another operation which Dunhill performed on the Prime Minister, as he then was in 1943.” What was that mysterious operation? A prostatectomy? We will never know, but it is clear that when the two met in June 1947 it was not their first encounter.

The hernia

On September 5, 1945, WSC wrote to his wife from Lake Como, Northern Italy:¹²

“. . .The sun is beginning to gleam fitfully through the clouds, so perhaps we are going to have a painting afternoon. Darling a tiresome thing has happened to me. When I was vy young I ruptured myself & had to wear a truss. I left it off before I went to Harrow & have managed 60 years of rough & tumble. Now however in the last 10 days it had come back. There is no pain, but I have had to be fitted w a truss wh I shall have to wear when not in bed for the rest of my life—Charles (Moran) got me a military surgeon from Rome who flew & has been w us for the last 3 days.”

His wife, Clementine, responded on September 11, 1945:¹².

“My Darling, I’m so distressed about the truss—I hope it is comfortable & does not worry you. Did you strain yourself or stretch unduly—and will you now be able to do your exercises which are so potent a preventative of indigestion?”

Lord Moran’s version from September 5, 1945:¹¹

“This morning he sent for me. He had discovered a swelling in his groin. He was keyed up and waited anxiously while I made my examination. When I told him he was ruptured he seemed relieved it wasn’t anything worse, but he immediately fired at me a stream of questions. Was an operation necessary? Would it be strangulated? Would it get worse? How long would it be before he got used to the truss? Why should he get a rupture at his age, when he hardly took exercise? Brigadier Edwards, the consulting surgeon for the Army in Italy, said he would get him a truss in Milan, and now all is set fair again. Besides, Winston has been painting well today, so tonight he is all smiles.”

For almost 2 years we hear nothing about the hernia until this entry in Moran’s “diaries,” marked as June 1947:¹³

“It is nearly two years since Winston. . .discovered a swelling in his groin. Next day we began to search for a truss; the search has gone on ever since, with small success. Lately the hernia has got much larger, it is increasingly difficult to control with the truss, and it

is hardly ever out of his mind. He seems to look on it in as a particularly humiliating hint—anyway to those who can read—of the impermanence of things. The very integument which confines his vital organ has, he protests, given way; it can, of course, be patched, stitched and strengthened to hold for a little longer, but only for a time. Dunhill rather funks an operation on a man of his age and eminence. . .I had at last to put a blunt question to Dunhill: was there any real chance that he would be able to live the rest of his life without an operation? Dunhill thought it most improbable, and I decided forthwith to push Winston to a decision, so that the operation might be done while the going was good. If he must have it done, now is the time. So after months of indecision, a date has been fixed.”

Why did Dunhill “funk”? What was in his mind—how to assess the operative risk-benefit ratio in the man who was already then a living legend? Our prolonged search for Dunhill’s WSC medical records proved futile. According to Taylor,⁵ Dunhill’s numerous patients’ charts are stored at the archives of St Bartholomew’s Hospital and the cellars of the Royal College of Surgeons in London. The librarians of both institutions kindly obliged to our requests to search their dusty cellars, but in vain—WSC’s chart has not been found. Did such a chart ever exist? Perhaps not: According to Moran, Dunhill “regards Winston with awe and reverence as the man who saved this country”; do immortals need to be entered in a chart as do the rest of humans?

We have to reconstruct WSC’s medical details from other sources.

Habits

Alcohol

According to John H Mather, MD,¹³ who is portrayed as the “living authority” on WSC’s health, “the effects of alcohol and drugs on Churchill’s mental capacities remains a matter for continued debate. The image of him as a heavy drinker persists with taste for whiskey, wine, champagne and brandy.” While Mather maintains that WSC “was a social drinker who derived great ‘benefits’ from his modest imbibing of alcoholic beverages,” others claim that President Franklin D Roosevelt “was often appalled by his [WSC’s] alcoholism.”¹⁴ Let’s consider what WSC had to say about alcohol:¹⁵⁻¹⁷

“All I can say is that I have taken more out of alcohol than alcohol has taken out of me.”

"When I was younger I made it a rule never to take strong drink before lunch. It is now my rule never to do so before breakfast."

"I must point out that my rule of life prescribes as an absolutely sacred rite smoking cigars and also drinking of alcohol before, after, and if need be during all meals and in the interval between them."

"No one can ever say that I ever failed to display a meet and proper appreciation of the virtues of alcohol."

Bessie Braddock said to WSC: "Winston, you are drunk." And WSC replied: "And Madam, you are ugly. And tomorrow, I'll be sober, and you will still be ugly."

It is clear that early in his life WSC romanced with alcohol. He was 25 years old when sailing, on October 14, 1899, to South Africa to cover the Boer war as the journalist. He was taking with him "thirty bottles of 1887 Vin d'Ay Sec, eighteen bottles of St Emilion, eighteen bottles of ten-year-old scotch, a dozen bottles of Rose's Cordial Lime, six bottles of light port, six of French vermouth, and six of Very Old Eau de Vie, 1866."¹⁷ Clearly he had an educated palate. It was William Manchester who captured, in his majestic biography, WSC's personal habits.¹⁸

After breakfast, still in bed, "remaining within reach are the jam and a weak scotch and soda—always Johnnie Walker Red—which the prostrate Winston will sip occasionally over the next four hours. . . there is always some alcohol in his blood stream, and it reaches the peak late in the evening after he has had two or three scotches, several glasses of champagne, at least two brandies, and a highball. . . Winston tips off and on all day but never gets drunk."

According to Manchester, WSC's preferred booze was French:¹⁸

"He regards the American martini as barbaric and when [General] Jan Christiaan Smuts arrives and presents him with a bottle of South African brandy he takes a sip, rolls it around on his tongue, then rolls his eyes, and beaming at his old friend, says: 'My dear Smuts, it is excellent,' he pauses. 'But it is not brandy'. . . brandy, he believes, is essential to a stable diet, and the older the bottle, the better."

His favorite was the French cognac, Hines, of which he took at least three portions after dinner.

In October 1949, more than 2 years after the hernia operation, when the famous neurologist W Russel Brain was summoned to Chartwell to examine WSC, he found him in bed with a whisky and soda. After undergoing a thorough examination, WSC insisted on having a drink with Drs Brain and Moran: "I diagnose that you would like some sherry," he said to the consulting doctor.¹⁹ We can thus safely assume that when Dunhill examined WSC's hernia, there was a glass of scotch around, a certain level of alcohol in the patient's blood, and that the surgeon was offered a drink.

Smoking

In 1947 WSC had behind him at least 50 years of cigar smoking. In his own words:¹⁶

"Of two cigars pick the longest and the strongest."

"Smoking cigars is like a falling in love; first you are attracted to its shape; you stay with it for its flavour; and you must always remember never, never, let the flame go out."

Many of his cigars were specially made for him in Cuba, bearing his name on the wrapper with no brand indicated.²⁰ But, "his chief play things were his seven-inch cigars, Romeo y Julietas and La Arma de Cubas. Most of the time they were unlit; he liked to chew and suck them anyway." The first cigar of the day was lit after breakfast, and enjoyed in bed along with the scotch and soda. During the course of the day 10 or more were consumed.¹⁷ Dr Brain learned from Moran that WSC smoked 13 cigars a day.¹⁹ In fact, in 1950, WSC's wife reported to Moran that "an extraordinary thing had happened on their drive from London to Chartwell. . . you know. . . Winston usually smokes like a chimney when he is in the car. . . but last night Winston did not smoke at all. This is something new. Does it mean anything. . .?"¹³

It appears that WSC did not inhale much, but anyone who puffs on 4,000 cigars per year for over 50 years is doomed to some degree of chronic obstructive lung disease. Undoubtedly, WSC held in his hand an unlit cigar immediately before and after his hernia operation.

Diet

Although WSC said "I like to take a fair proportion of my calories in alcohol,"¹⁹ he also enjoyed food. According to Richard M Langworth, editor of *Finest Hour*,²⁰ WSC was a fan of French haute cuisine but was also

Table 1. Winston S Churchill's Significant Medical History before 1947

Year	Age	Condition
1886	11	Severe bilateral pneumonia
1941	67	Suspected coronary insufficiency
1943, February	69	Pneumonia and cardiac arrhythmia
1943, December	69	Pneumonia
1944, August	69	Pneumonia

partial to English traditional dishes such as fowl and roast beef with Yorkshire pudding. He enjoyed shellfish more than fish and Stilton cheese more than sweet deserts. According to Manchester, among the food likeliest to be served in WSC's Chartwell house were "clear soup, oysters, caviar, Gruyère cheese, pâté de foie gras, trout, shoulder of lamb, lobster, dressed crab, *petite marmite*, scampi, Dover sole, chocolate éclairs, and of course, roast beef and Yorkshire pudding."¹⁸

Clearly, our patient is an aging bon vivant who already in 1915 wrote to his brother Jack from Hoe Farm, where he was spending the summer that "he had all the necessities of life: hot baths, cold Champagne, new peas and old brandy. This ought to get you going."²⁰

Past medical history

WSC's significant medical history is depicted in Table 1. Evidently, he was prone to repeated bouts of severe and life-threatening pneumonias, most probably superimposed on his chronic obstructive lung disease. His alleged ischemic heart disease has never been documented [in December 1941, when visiting the United States just after Pearl Harbor, he complained about chest pain and dyspnea, but no electrocardiogram was performed¹⁹], but we know that he suffered from irregular heartbeats and repeatedly used to ask Moran to feel his pulse. That he already then had evidence of arteriosclerosis is evident from the physical examination performed on him by Lord Brain 2 years later.¹⁹

WSC's significant past surgical history is depicted in Table 2, from which we learn the he was prone to accidents. The first operation he underwent was performed without any anesthesia. In 1898, after taking part in the famous British cavalry charge during the battle of Omdurman, in Sudan, he donated a full-thickness skin graft from his left forearm to a wounded subaltern. The surgeon warned him that "he would feel as though he were being flayed alive" but WSC rolled up his sleeve.¹⁷ Years later he would expose that scar and boast about sacrific-

Table 2. Winston S Churchill's Significant Surgical History before 1947

Year	Age	Condition
1879	4	Concussion (fall off a donkey)
1889	14	Concussion (bicycle accident)
1891	16	Inguinal hernia diagnosed
1893	19	Concussion, blunt kidney injury (fall off bridge)
1896	22	Dislocated right shoulder (fall off wharf)
1987	23	Injured left shoulder (fall off horse)
1898	24	Serves as a skin donor (from his left forearm to an injured colleague)
1899	25	Redislocation of right shoulder
1903	29	Fractures right shoulder while hunting
1922	48	Appendectomy for acute appendicitis
1931	57	Multiple injuries (knocked down by a taxi on Fifth Ave, New York City; treated at Lennox Hill Hospital, Manhattan)
1943	69	Unknown operation performed by Dunhill

ing ". . . a piece of skin to accommodate a wounded brother officer. . . ." ¹⁷ The second operation WSC underwent in London Clinic on Harley Street, London, at the age of 48, in September 1922, was an appendectomy. We do not know who the surgeon was or how severe the appendicitis was, but it appears that WSC was tremendously weakened by the operation and that his convalescence was prolonged, interfering with his participation in the election campaign of that year.

Churchill, surgeons, and surgery

WSC was aware of the surgeons and surgical practices of his time. In June 1922, Jennie—his 67-year-old mother—fell down and broke her left leg, which was set in a cast, but 2 weeks later gangrene set in (too tight plaster of Paris?). WSC sent for a surgeon who performed an above-knee amputation. Two weeks later, she hemorrhaged to death from the stump of the femoral artery—with WSC, in his pajamas, at her side.¹⁷ Did he blame the surgeon for the death of his beloved mother? Did he have that surgeon in his mind when he wrote about World War I Field Marshal Douglas Haig?

"He presents to me in those red years the same mental picture as a great surgeon before the days of anesthesia, versed in every detail of such science as was known to him: sure of himself, steady of poise, knife in hand, intent upon the operation; entirely removed in his professional capacity from the agony of the patient, the anguish of relations, or the doctrines of

rivals school, the devisees of quacks, or the first-fruits of new learning. He would operate without excitement, or he would depart without being affronted; and if the patient died, he would not reproach himself. It must be understood that I speak only of his professional actions. Once out of the [operating] theatre his heart was as warm as any man's."²¹

About himself, WSC said:

"I can practice in an honorary fashion the arts of surgery and medicine. Being temperamentally inclined to precision and a sharp edge, it might be thought that I should choose the surgeon's role."

We can assume that WSC had a balanced but somber and realistic view of our profession. So, even after the date for the operation had been—according to Moran—"fixed," WSC continued to hesitate. "Even now Winston wavers; he would make a last determined effort to get used to the truss and put up with the skin irritation."¹¹

Before the operation

But Dunhill also vacillated. "With his [WSC's] liability to contract pneumonia, the surgeons are apprehensive of complications after the anaesthetic; they are jibbing at his cigars. At last they screwed up their courage to tell him that in men over 70 statistics proved that pulmonary complications. . . were seven times more common in smokers. . . ."¹¹ Needless to say, despite intense negotiations between Moran, Dunhill, and the patient, the attempts to decrease the number of cigars consumed during the preoperative phase proved futile. Another dispute was about where the operation was to take place. WSC wanted to be operated on at his house. During the early years of the 20th century it was not uncommon, even for leading surgeons, to perform complex operations in the patients' kitchens or hotel rooms—as aptly expressed by the Philadelphia surgeon J Chalmers Da Costa (1863–1933): "When results by simple methods in private houses are as good as results by highly complex and expensive processes in hospital operating rooms, the answer as to the justifiability of the simpler methods seems perfectly clear." But Dunhill insisted that they operate in the hospital.

The day before the scheduled operation, Moran drove to Chartwell where he was exposed to WSC's barrage of "cross examination" about nuances of the anesthesia, the operation, and the postoperative phase.

The preoperative physical examination

With no record left by Dunhill, we have to reconstruct from other sources the physical characteristics of the patient undergoing physical examination by his surgeon.

"Just under five feet and seven inches. . . portly . . . with an ovoid torso." So was WSC portrayed at the age of 50.¹⁸ Preoperatively—23 years later—WSC was even more "ovoid," not morbidly obese, but in his pictures he appears to weigh at least 200 pounds. No doubt there was a healthy apron of skin and subcutaneous fat overlying his inguinal hernia. His personal hygiene was excellent, as during his whole life he unfailingly soaked in a bath tub twice a day, after breakfast and before dinner. Two years later, Lord Brain would describe the following findings: "speech and articulation normal. . . . Frequent extrasystoles and blood pressure of 160/90. . . . The optic disks were normal, but there was some retinal arteriosclerosis. . . . There was nothing abnormal to be found in the abdomen except appendicectomy and herniotomy scars."¹⁹ The famous neurologist did not mention the side of the hernia scar and used the wrong term to describe the hernia operation—"herniotomy" instead of "herniorrhaphy."

The operation

On the events surrounding WSC's operation we are dependent on Moran, but he—in common with most physicians—did not record the details that we surgeons would like to know.

On Wednesday, June 11, 1947, WSC arrived at the nursing home "with two big volumes of Macaulay's essays as a solace."¹¹ Thomas Babington Macaulay was his literary idol since childhood—as was the great historian, Edward Gibbon. From those two he borrowed 18th-century English language, which when written would win him the Nobel Prize for literature and when spoken would captivate the entire world. On the morning of the operation WSC was found in bed reading loudly from Macaulay. Moran observed: "when Thomas Dunhill leant over the end of the bed to catch the words, his lips parted with pleasure, not so much in Macaulay's measurement of the achievement of the Catholic Church, as in pure joy at his fortune in hearing a great historic figure talk and pay tribute to another master of words."¹¹ When WSC closed the volume he said: "A fine bit of word painting." Obviously, Dunhill revered the man he

was going to operate on; how stressed and intimidated he was before undertaking this task we'll never know.

The operation was performed under general anesthesia, presumably ether, administered by an unnamed anesthetist. It is surprising that Dunhill, the master of local anesthesia for operations of the thyroid, did not resort to local anesthesia in this operation on his high-risk patient. Perhaps WSC insisted on being fully doped.

The operation lasted more than 2 hours. Moran explained "adhesions, the legacy of the operation for appendicitis years ago, made technical difficulties."¹¹ Was the hernia right-sided? How big was the hernia? Was it direct or indirect? What structures did it include? We do not know, but surely a 2-hour-plus hernia repair by a master surgeon had to be "technically demanding." What type of repair was performed? According to Professor Harold Ellis of London, who in 1947 was a final-year medical student at Oxford, "the usual procedure then was a Bassini, using thread, silk, floss silk, fascia lata, and even catgut! Norman Tanner advocated the slide repair—mobilizing the conjoint tendon." (Harold Ellis, FRCS, personal communication, May 2002.)

The postoperative course was apparently uneventful, with the patient experiencing little discomfort. Only after the operation did WSC disclose to Moran that "the day before the operation he had discarded thoughts of any kind, his mind was just vacant, 'as I imagine it is before you die.'"¹¹

Most probably, Dunhill did not bill WSC for the operation. "He won't hear any question of payment. . ." wrote Moran.¹¹

Followup

Dunhill's herniorrhaphy proved successful and durable, for WSC's groin remained asymptomatic for the next 17.5 years, until his death. After operations on kings, presidents, or prime ministers, there are always those who claim that the choice of the surgeon—or that of the operation—could be better. So John H Mather, MD, during his lecture, "Sir Winston Churchill: his hardiness and resilience,"¹³ said about WSC's hernia repair: "The operation which normally should have been over in about twenty minutes took two hours. . . . Also, there is recent evidence suggesting that his surgeon might not have been the best choice since he was 81 and a thyroid specialist." This is, of course, not true, as Dunhill was "only" 71 years old, and there are many testimonies to Dunhill's competence as a broad-spectrum general sur-

geon. And the results speak for themselves: tissue repair, probably under tension (no mesh, no preperitoneal approach, no laparoscopy), of a large and long-standing hernia in an obese patient who suffered from chronic obstructive lung disease, with no recurrence on prolonged followup.

The aftermath

What if WSC had not survived the 2 hour-plus ordeal of his hernia operation? What if he had succumbed to a stroke (which he would suffer 2 years later) or to a myocardial infarction? Would it have affected the course of history? Most probably not: In 1947 WSC entered the beginning of his own very prolonged and gradual end. His zenith was well behind him—May 1940, when he alone altered the course of the history of this century,²² and his leadership during World War II, these were his "finest hours," for which he had prepared himself for 66 years. It was then—May 10, 1940—after finally becoming Prime Minister he "was conscious of a profound relief. At last I had the opportunity to give directions over the whole scene." He felt, he said, "as if I were walking with Destiny, and all my past life had been but a preparation for this hour and for this trial. . . . therefore, although impatient for the morning, I slept soundly and had no need for cheering dreams. Facts are better than dreams."¹⁸

But in 1947 what was awaiting WSC was a mediocre second term as Prime Minister (1951–1955) and a series of multiple and progressive incapacitating strokes caused by atherosclerotic carotid disease, which then was not as yet treated with antiplatelet agents, while carotid endarterectomy was a few years away (first case reported in 1954). But an operative death or incapacitating complications would have deprived us of WSC's grand six volumes of the Second World War, on which he continued to work immediately after the operation. The first volume, *The Gathering Storm*, appeared in 1948, and was followed by the five others, which won him the Nobel prize for literature in 1953.

Dunhill stopped operating in 1949. He said to Mr Smith⁴ that he had only three patients left: "the King (George VI), Queen Mary, and Winston Churchill." Dunhill continued to consult WSC: In 1951 he lanced a finger abscess and in 1953 he was summoned to treat WSC's left-hand burn. The burn was inflicted when WSC placed his burning cigar near a box of matches that burst into flame. According to Moran, WSC asked

whether Dunhill “was well versed in the modern treatment of burns.”¹¹

Because of hemochromatosis, Dunhill's health gradually deteriorated and on December 22, 1957 he died at his country home “Tragowel” in Hampstead. He was 81 years old.³ According to Julian Orm Smith,⁴ “many tributes have been paid to him. The one written by Lord Moran in the *Times* (of London) was an affront to the memory of his distinguished life. It ends ‘one who had in him, so it seemed, some of the elements of greatness.’ Was ever such a qualified and reluctant tribute simply wrung from a man!” In his memorial lecture, Sir Geoffrey Keynes said about Dunhill:⁶ “he was true pioneer in the surgery of toxic goiter and his place in the Temple of History cannot be denied.”

WSC, the obese arteriopath, survived his younger surgeon for 8 years. He passed away at the age of 90 on January 24, 1965, after sustaining a final, massive stroke. His family rejected nasal feeding and he lived without nourishment for 13 days after he became unconscious.¹⁹ This we learn from his neurologist, Sir W Russel Brain, who died a year later, at the age of 71.¹⁹

Thus passed away a towering pillar of history: a soldier, politician, reporter, scholar, historian, orator, painter, writer, drinker, smoker, and perhaps the most prolific aphorist—after Shakespeare and the Bible—in history.

Winston Churchill was a demanding patient and in Thomas Dunhill he found his match. Winston drank much more than his surgeon and this probably had a protective effect on his heart; one is left to wonder whether longterm consumption of aspirin—along with the champagne and brandy—would have prevented or slowed the progression of his devastating cerebrovascular disease.

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REFERENCES

1. Jenkins R. Churchill. A biography. New York: Farrar, Straus and Giroux; 2001.
2. Da Costa JC. The trials and triumphs of the surgeon. Philadelphia: Dorrance & Company; 1944.
3. Vellar ID. Thomas P Dunhill: pioneer thyroid surgeon. Aust NZ J Surg 1999;69:375–487.
4. Smith JO. Thomas Peel Dunhill. The Archibald Watson memorial lecture. Melbourne: McLaren & Co; 1967.
5. Taylor S. Sir Thomas Peel Dunhill (1876–1957). World J Surg 1977;21:660–663.
6. Keynes G. Sir Thomas Dunhill (the first Dunhill memorial lecture). Ann R Coll Surg Engl 1961;29:160–169.
7. Anonymous. Obituary. Sir Thomas Dunhill. Br Med J 1958; 43–45.
8. Keynes G. The gates of memory. Oxford: Oxford University Press; 1983:193–194.
9. Highlights of Winston Churchill's life: a day by day account of the life of Winston Churchill. Home page of Winston S Churchill. <http://winstonchurchill.org/action/htm>.
10. Lovel R. Churchill's doctor: a biography of Lord Moran. London: CRC Press, LLC; 1993.
11. Lord Moran. Churchill: taken from the diaries of Lord Moran: the struggle for survival. Boston: Houghton, Mifflin Company; 1966:1940–1965.
12. Soames M. Winston and Clementine: The personal letters of the Churchills. Boston: Houghton, Mifflin Company; 1998:535–539.
13. Mather JH. Sir Winston Churchill: his hardiness and resilience. 14th Annual International Churchill Society Conference, 1977, Toronto, Canada.
14. Hitchen C. The medals of his defeats. Atlantic Monthly 289;4: 133.
15. The quotable Churchill. Philadelphia-London: Running Press; 1998.
16. Humes JC. The wit & wisdom of Winston Churchill. New York: Harper Perennial; 1994.
17. Manchester W. The last lion. Winston Spencer Churchill. Visions of glory. New York: Delta; 1983:293.
18. Manchester W. The last lion. Winston Spencer Churchill. Alone. New York: Delta; 1988:10.
19. Brain WR. Encounters with Winston Churchill. Med Hist 2000;44:3–20.
20. Langworth R. Home page of Winston S Churchill. <http://winstonchurchill.org/action.htm>.
21. Churchill WS. Great contemporaries. London: Odhams Press Limited; 1948:174–175.
22. Lukacs J. Five days in London: May 1940. New Haven, CT: Yale University Press; 1999.