

FITNESS FOR LEADERSHIP—WHOSE DECISION?

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Introduction

MOST people like to steer clear of doctors. But it is inescapable that even top people sometimes have to consult them. Many regard this need as rather shameful and try to conceal it. Lord Nelson said that at all times he tried to avoid doctors. "One plan I pursue, never to employ a doctor, nature does all for me and Providence protects me." Records show that Nelson in fact hawked a multitude of symptoms round at least 25 doctors.

Because doctors are usually respectful of confidences, most top people have been able to ail and die discreetly. But posterity is at times given insight into deathbed scenes. "Die my dear doctor" gasped Lord Palmerston, "that's the last thing I shall do." "If Mr. Selwyn calls" said Lord Holland, "let him in; if I'm alive I'll be very glad to see him, if I'm dead he'll be very glad to see me." My favourite saying was attributed to George V. His last words to Lord Horder were reputed to have been: "How is the Empire?" I remember James Agate telling our Medical Students' Society that this was not true. After an earlier illness, George V had been sent to convalesce at a rather unattractive south coast town called Bognor. According to Agate, in his final illness Horder said: "There, there your Majesty, we'll soon have you at Bognor again" whereupon the Monarch shouted "B———— Bognor" and fell back dead.

Among top people, some have tended to acquire one personal physician and have indeed become a virtually full-time occupation for him. I am going to discuss three such people—Woodrow Wilson, Winston Churchill and Franklin D. Roosevelt. I shall ask why each of these leaders needed a practically full-time doctor and what sort of doctor he chose. Light is thrown on both these points by the doctors themselves who in each case have written about their patient. I shall then consider what was the influence of these doctors on the affairs over which their patients

presided and in doing so I shall raise the question posed in the title of my talk—in whose hands should decisions on fitness for leadership lie?

Woodrow Wilson

My first leader is Woodrow Wilson and his doctor was Cary Travers Grayson.

The period is 1913 to the time of Wilson's death in 1924. The historical background was that Wilson, aged 57, was inaugurated as President of U.S.A. in March 1913. He was a Democrat who came to the office having been an academic lawyer, President of Princeton and Governor of New Jersey. From 1913 to 1917 he steered a divided country through an uneasy neutrality. Continued sinking of U.S. ships by U-boats led him to seek a declaration of war against Germany by Congress in 1917.

From the outset of the war Wilson had seen himself as the great peacemaker, the saviour of the world, and America's entry into the war did not stop him from pursuing his mission. His basis for peace was set out for both sides in his Fourteen Points, soon to be followed by his Four Principles, Four Ends and Five Particulars.

In 1918 the Armistice was achieved on the basis of the acceptance, by both the allied and central powers, of his Fourteen Points. Within days this disdainful, withdrawn, deeply religious idealist set out for Europe. He lacked detailed knowledge of much of the world and its affairs; but he took with him a few staff, and very few experts, perhaps because he was incapable of sharing his dreams with either more realistic colleagues or opponents. He came to Europe inflated with his God-complex, to save the world. Ideas were what mattered, not facts.

His arrival in Europe produced conflicting reactions: on the one hand, Ike Hoover: "No such moral and political power and no such evangel of peace has appeared since Christ preached the Sermon on the Mount"; on the other hand Lord Esher: "If Wilson goes to the conference he is exploded; you might as well have Buddha walking up the steps of the War Office in a frock coat".

At the peace conference Wilson was soon in difficulties. He couldn't and wouldn't delegate work and he couldn't understand French. He was intensely irritated by Clemenceau and Lloyd George and he irritated them. Thus Clemenceau: "I've never heard anyone talk more like Jesus Christ and act more like Lloyd George."

Suddenly, the principles started to give way, compromises followed, and after eight months, in July 1919, the Treaty of Versailles which gave birth to the Covenant of the League of Nations was signed. The next day Wilson sailed for U.S.A. to try to persuade the hostile Senate Foreign Relations Committee to accept the Treaty. Frustrated, pale, worn and more stubborn and arrogant than ever, Wilson decided to "appeal to Caesar", to the people of the country. Within a month he was off by train on a whistle-stop tour. A fortnight later, at Pueblo, Colorado, he had a small stroke. He returned to Washington where a few days later he had a further stroke which paralysed his left side.

For six weeks he was confined to his room in the White House seeing no one but his wife (the second Mrs. Wilson), his secretary, Tumulty, and his doctor, Cary Grayson. The only statement from his entourage was that he had a "nervous breakdown, indigestion and a depleted system". He wouldn't resign his office and there was apparently no constitutional means of relieving him of it. Such business of state as it was essential for the President to attend to was handled by Mrs. Wilson. She was a simple healthy full-bosomed widow whose formal education had consisted of two years schooling and had ceased when she was fourteen. She is described as having neither intellectual nor physical vivacity. Mrs. Wilson had no doubts as to her husband's place in life and his relationship to others. She referred to Cabot Lodge, Chairman of the critical Senate Foreign Relations Committee as "that stinking rattlesnake".

After six weeks the President was seen in a wheelchair. He could dictate for five minutes without losing the thread. He lingered on as President for another year, contested, incredibly, the next election, was defeated and died in retirement in 1924 after receiving the Nobel Peace Prize.

The weeks when the country was being governed by Mrs. Wilson, Tumulty and Dr. Grayson were critical for the fate of the embryo League of Nations. In fact it was a period of non-government. The Republican sentiments triumphed and the League was born without the one power which might have prevented World War II.

So much for the historical sketch. Now for the doctor and the patient.

Cary Grayson qualified at a medical school in Tennessee, and went directly into the navy. In 1913, aged 35, he was doctor to the Presidential Yacht *Mayflower* and to the Naval Dispensary

in Washington. This appointment covered the medical care of the White House personnel. I have found no reference to his having any special medical interests except, later, ENT work. Like many naval doctors, full-time or temporary, I suspect he was on the establishment for what, in another war, we used to call primarily social purposes.

On the day after Wilson's inauguration there was a lunch at the White House. Wilson's sister slipped on a marble staircase and cut her brow. It is unlikely that she was drunk because Wilson was a strict non-drinker and non-smoker; he was also in debt to the tune of \$6,000. He dealt with these circumstances by cancelling the inaugural ball and entertaining very parsimoniously indeed.

Grayson was a guest at the lunch and put stitches in Wilson's sister's brow. Wilson took an immediate liking to him, and next day Grayson was appointed his personal physician. From that day until Wilson died eleven years later, Grayson was his closest, indeed almost his only, male friend and companion. Grayson saw him practically daily and was involved in all the minutiae of his existence.

Grayson felt his relation to Wilson was as of a son to a father. In a photograph I noted him as being of square rather rugged build with a monkey-like face. Bernard Baruch has described Grayson as discreet, modest, keenly intelligent, having deep religious feelings and a high sense of duty; also as "the best story teller I know". He was later a friend of Franklin D. Roosevelt.

Within a few days of Wilson's inauguration in 1913 he was consulting Grayson about symptoms that had plagued him for most of his 57 years—stomach trouble and headaches.

These symptoms were evidently reactions to mental stress. They had interfered with the normal process of young Wilson's schooling and education. They have been analysed in detail by Freud, writing with William C. Bullitt who was for long in the U.S. State Department. Wilson was in fact a very complex psychiatric case. I don't propose to expand on this here.

Grayson, being a man of his time, considered Wilson to be constitutionally weak and attributed the weakness to a childhood attack of measles. He ordered, and organized, constitutional treatment—long hours of sleep, restricted diet, daily motor rides, frequent games of golf at a quiet country course with himself as partner, and regular trips in the presidential yacht, *Mayflower*.

Interestingly, Grayson also took away the stomach pump with which Wilson was accustomed to remove the acid from his stomach, and a quart can of headache tablets which Grayson discovered were damaging his kidneys. Perhaps this is the first historically significant case of analgesic nephropathy.

This regime kept Wilson so busy that everyone thought he worked extremely hard. In fact, through the war, he was seldom at his desk for more than four hours a day and he saw as few people as possible.

On this regime he got through the war years without the breakdowns that had disturbed his earlier appointments and that had twice led him to take solitary holidays to the English Lake District to recover.

Grayson greatly feared for Wilson when he insisted on going to the peace conference. There were two interesting grounds for his fears: firstly he would be in almost daily contact with antagonists, secondly he would see sights in Europe that would drain his emotions.

In Paris, Wilson's "constitutional" regime was impossible. His old symptoms returned including blinding headaches; one he attributed to bottled up wrath with Lloyd George. Then in April 1919 he got a 'flu-like illness which seems to have been followed by a personality change; he became more secretive, thought his French servants were spies, locked everything up and kept moving the furniture around. I think it likely also that he developed heart failure, which might have been related to high blood pressure which in turn might have led to his stroke a few months later. Be that as it may, Wilson was a seriously ill man at least from the mid-point of the peace conference onwards.

It seems to be doubtful if he was fit to continue his self-appointed task in Paris after his 'flu. I do not think that by any stretch of the imagination he was fit to function as President for several months after his stroke, when the battle for the League of Nations and for a possibly more lasting peace was lost.

Coming now to my questions:

Why did Wilson need a doctor? Because in 1913 he was a very insecure, a very chronic neurotic, and needed a nanny. In 1919 he needed a doctor because he had heart disease and disease of his cerebral arteries.

What sort of doctor did he choose? A man of tremendous discretion whose loyalty was solely to his patient. He was overshadowed by his patient in the sense that he continued to care

for him when his advice was twice flatly rejected, in relation to attending the Peace Conference and to setting out on his final rail trip.

What was Grayson's influence on high-level policy? Wilson himself was too pig-headed to be influenced by anyone after his adored father died. Grayson was a tool, a political go-between who could be entrusted with difficult and delicate tasks. No more I think.

But it might be argued that Grayson had a tremendous influence on high-level policy indirectly because of his connivance at the fantastic concealment of Wilson's stroke. Should he have done that? This I think is a key question. In whose hands should the decision on Wilson's fitness for leadership have lain?

Winston Churchill

My second leader is Winston Churchill and his doctor was Charles Wilson, later Lord Moran.

Moran's book "Churchill: The Struggle for Survival", was published in 1966. It aroused tremendous controversy centred on the question whether Moran as Churchill's doctor should have published what he did when he did. I'm not going to touch on that.

Much of the book and much of the controversy concerns the post-war Churchill and particularly the long course of the arterial disease which affected the function of his brain. But his first stroke was not until 1949 and the period I am concerned with was much earlier, May 1940 to December 1941. From the medical viewpoint this was a period of dramatic and neglected importance.

On 10th May 1940, Germany invaded Holland and Belgium and Churchill became Prime Minister. There followed in the period we are concerned with the Battle of France and the Battle of Britain. The Battle of the Atlantic extended. The armies rolled to and fro in North Africa. Britain personified by Winston Churchill stood alone with the old Commonwealth countries against Hitler.

On 7th December 1941, 18 months after Churchill became Prime Minister, there was Pearl Harbour; on 10th December Malaya was invaded and *Prince of Wales* and *Renown* were sunk. Five days after Pearl Harbour, on 12th December, Churchill sailed for Washington in *Duke of York* to try to get agreement on the basic strategy for victory. In his mind the absolute essen-

tial was that the Pacific war must be a holding operation until the war in Europe was won; he had to persuade the Americans of this.

A month later he returned to England having won his case.

That is the history of the period I am concerned with. Now for the doctor and his patient.

Moran was a graduate of my own medical school, St. Mary's Hospital, in London. He was a contemporary of Alexander Fleming's and of my father. I myself know him as a physician at St. Mary's, as a teacher, and as the Dean who had raised a rather run-down medical school in the 1920's to one of the most prestigious ones in England in the 1930's. In World War I he spent three of the four years on the Western Front as M.O. to the 1st Bn. Royal Fusiliers. During that time he became fascinated with fear and courage. He kept a diary commenting on these things and embodied his observations in a book, "The Anatomy of Courage", published in 1945. I don't know how large a practice he had as a physician in pre-war London. He certainly had a great capacity for getting to know prestigious people, among them Lord Beaverbrook.

Moran became Churchill's doctor two weeks after Churchill became Prime Minister "not because he wanted one but because certain members of the cabinet decided that somebody ought to keep an eye on his health".

He saw Churchill, who was a well cigar-smoking, brandy-drinking 65-year-old regularly but briefly through 1940-41. There were no medical problems. On 12th December 1941 he set sail with him in *Duke of York*, as I've said, bound for Washington.

The story unfolds daily from the time of their arrival on 22nd December. On that evening Churchill asked for a sleeping pill to ensure that he had a good night's rest before the vital day ahead. On 24th there was a Christmas tree ceremony at the White House. Churchill was very moved by it and experienced palpitations. Moran found his pulse was 105. On 25th (Christmas Day) Churchill for the first time expressed anxiety about his health and wanted reassurance. "I'm not afraid of being ill but I must keep fit for the job." On 26th Churchill addressed Congress. It was emotionally a highly charged situation which made him sweat. He felt he had got a "weight off his chest". He got a great ovation.

I will read you Moran's account of the next days. Boxing Day, 27th December:

"The P.M. seems so preoccupied with his mission of good fellowship to America in general and to the President in particular that I decided not to bother him by calling this morning. When I got back to the hotel at ten o'clock, after a stroll through the streets, I found an urgent message. I was wanted at the White House. Would I go at once. I took a taxi.

" 'I am glad you have come,' the P.M. began.

"He was in bed and looked worried.

" 'It was hot last night and I got up to open the window. It was very stiff. I had to use considerable force and I noticed all at once that I was short of breath. I had a dull pain over my heart. It went down my left arm. It didn't last very long, but it has never happened before. What is it? Is my heart all right? I thought of sending for you, but it passed off.'

"There was not much to be found when I examined his heart. Indeed, the time I spent listening to his chest was given to some quick thinking. I knew that when I took the stethoscope out of my ears he would ask me pointed questions, and I had no doubt that whether the electro-cardiograph showed evidence of a coronary thrombosis or not, his symptoms were those of coronary insufficiency. The textbook treatment for this is at least six weeks in bed. That would mean publishing to the world—and the American newspapers would see to this—that the P.M. was an invalid with a crippled heart and a doubtful future. And this at a moment when America has just come into the war, and there is no one but Winston to take her by the hand. I felt that the effect of announcing that the P.M. had had a heart attack could only be disastrous. I knew, too, the consequences to one of his imaginative temperament of the feeling that his heart was affected. His work would suffer. On the other hand, if I did nothing and he had another and severe attack—perhaps a fatal seizure—the world undoubtedly say that I had killed him through not insisting on rest. These thoughts went racing through my head while I was listening to his heart. I took my stethoscope out of my ears. Then I replaced it and listened again. Right or wrong, it seemed plain that I must sit tight on what had happened, whatever the consequences.

" 'Well,' he asked, looking full at me, 'is my heart all right?'

" 'There is nothing serious,' I answered. 'You have been overdoing things.'

" 'Now, Charles, you're not going to tell me to rest. I can't. I won't. Nobody else can do this job. I must. What actually

happened when I opened the window?' he demanded. 'My idea is that I strained one of my chest muscles. I used great force. I don't believe it was my heart at all.'

"He waited for me to answer.

"Your circulation was a bit sluggish. It is nothing serious. You needn't rest in the sense of lying up, but you mustn't do more than you can help in the way of exertion for a little while.'

"There was a knock at the door. It was Harry Hopkins. I slipped away. I went and sat in a corner of the secretaries' room, picking up a newspaper, so that they would not talk to me. I began to think things out more deliberately. I did not like it, but I was determined to tell no one. When we get back to England, I shall take him to Parkinson, who will hold his tongue.

"December 28, 1941: We left the White House (for Ottawa) this evening by the back entrance. The President and Harry Hopkins came to the door to see us off. The P.M. asked me to drive with him in his car to the station. As we drove out of the grounds he opened the window of the car. He was short of breath.

"There seems no air,' he said, 'in this car. Is it a stuffy night, Charles?'

"And then he put his hand on my knee.

"It is a great comfort to have you with me,' he said.

"He has used these words twice in four days; the first time was before the heart attack. This is something new; it has not happened before.

"December 29, 1941: There was still dinner at Government House to be got through, and then a reception. However, so far nothing untoward has happened. Whenever we are alone, he keeps asking me to take his pulse. I get out of it somehow, but once, when I found him lifting something heavy, I did expostulate. At this he broke out:

"Now, Charles, you are making me heart-minded. I shall soon think of nothing else. I couldn't do my work if I kept thinking of my heart.'

"The next time he asked me to take his pulse I refused point-blank.

"You're all right. Forget your damned heart.'

"He won't get through his speech tomorrow if this goes on."

They then left Ottawa and on 31st set off for Florida where Churchill had a well earned rest.

Now we come to the questions:

Why did Churchill need a doctor? Initially he did not think

he did, but those about him had a remarkable belief in a doctor's powers. It was good for everyone's morale to have a doctor at hand.

Once Churchill had symptoms, he had a childlike faith in the protective influence of his doctor—"It's a comfort to have you with me."

What sort of a doctor did he choose?—a wise physician who was a most acute observer of human nature, is the ready answer. A brave doctor. But if Churchill had died from his coronary within a few days of its occurrence, would we have said Moran was wise, or brave, or grossly lacking in judgment?

What influence did Moran have on high-level policy? In relation to the period I have described there is no evidence that Moran directly influenced Churchill's strategic and political thinking. Later I believe he may have had a direct influence.

Moran's indirect influence on policy at the time of the Washington coronary was certainly tremendous if Churchill was right in his belief that he alone could speak to the Americans in a way which would compel them to accept the priority of the European war; but this needs the judgment of historians. The question I pose tonight is: In whose hands should the decision on Churchill's fitness for leadership in Washington have lain?

Franklin D. Roosevelt

My third leader is Franklin D. Roosevelt and his doctor was Howard G. Bruenn.

The period is the thirteen months from March 1944 to April 1945 when Roosevelt died. Roosevelt was in his third term as President. The beginning of the period was ten weeks before D-day. Anzio was under way. The Russians had advanced within sight of the plains of Hungary. The New Guinea campaign was ending and Japan was being pushed back across the Pacific. The end of the war was in sight and the battle for the peace was beginning.

The period included the second Quebec Conference and Yalta.

The Yalta Conference in February 1945 has influenced the pattern of international affairs as we have known them since. Among other things the fate of Poland and other states liberated from the Germans was thought to have been agreed, Russian intervention in the Far East was agreed and the United Nations charter was agreed. All this was in addition to the details of the

division of an occupied Germany. Between the Quebec and Yalta Conferences Roosevelt was nominated for and won his campaign for a fourth term as President.

Roosevelt, like Wilson, had a personal Service doctor, Surgeon General Ross McIntyre who had been introduced to him by Cary Grayson, McIntyre was an ENT man, and the introduction arose before the war, over Roosevelt's sinusitis. But in the period I am concerned with he appears to have been effectively in the hands of Dr. Bruenn.

Bruenn was (and I believe still is) an internist in New York specializing in cardiology. He joined the U.S. Naval Medical Corps in 1942 and first saw Roosevelt medically in 1944 when he was stationed at the U.S. Naval Hospital outside Washington. Until Roosevelt died a year later Bruenn saw him three to four times a week. He kept notes on his patient and in 1970 published an account of his illness based on them.

In March 1944 McIntyre arranged for Bruenn to give Roosevelt a check-up. Roosevelt was a 62-year-old, twenty to thirty cigarettes-a-day man who enjoyed mixing a martini before dinner. He complained of tiredness and recurrent cough since an illness called 'flu four months previously.

From Roosevelt's history, the findings on physical examination and special tests, Bruenn made a precise diagnosis. Roosevelt had high blood pressure, heart failure and acute bronchitis. He also had intermittent trouble from gallstones.

Bruenn conveyed his findings and their interpretation to McIntyre and comments: "They had been completely unsuspected up to this time . . ." A memorandum of recommendations was requested from him (a rather typical service-like incident). In the light of medical knowledge at the time his memorandum appears faultless. He advised rest, digitalis, dietary restriction, sedation and weight reduction. You must remember that there was no effective way of treating high blood pressure in 1944; that didn't come for another five years. Bruenn's memorandum was rejected "because of the exigencies and demands on the President".

In the next few days a series of multi-doctor consultations took place which eventually included civilian consultants and Bruenn's recommended regime was started and continued, except for the rest, practically unaltered until the almost inevitable end a year later. I say inevitable because Roosevelt's uncontrolled blood pressure sealed his fate.

In April and May, Roosevelt had the lightest possible duties

though the battle for the peace was on. July and August were spent on a leisurely voyage to Hawaii and Alaska. On his return to continental U.S.A. in August he made a 35 minute nationwide broadcast; in the first fifteen minutes of this he experienced a pain in the chest which left Bruenn in no doubt that he had had an attack of coronary insufficiency. Within an hour, ECG's and blood tests were done and repeated over the next few days. From these it was concluded that the President had not had a full-blown coronary. He was treated by a leisurely train trip back across the U.S.A. to Washington.

Roosevelt then embarked on the campaign for his fourth term re-election in October-November. His son thought he was desperately ill and retrospectively at any rate was critical of his doctors for allowing him to stand. The President had lost weight and was tired and haggard. As he passed through the Middle East in January on the way to Yalta, Lord Casey has told me that people recognized a dying man. It is not clear that Churchill did, though he did recognize that he was tired and ill. In fact at Yalta, Roosevelt had manifest symptoms and signs of heart failure. Despite this, he organized a series of conferences with Arab leaders on his way home. Soon after returning to Washington his tiredness was such that he accepted a prescription of a period of total rest. His condition improved somewhat but within a fortnight he died suddenly of a massive stroke.

Now for the questions:

Why did Roosevelt need a doctor? Because he suffered from high blood pressure and its consequence.

What sort of doctor did he choose? He did not choose Bruenn, but he found him acceptable. As I read the record, Bruenn was very competent in diagnosis and treatment. He seems, unlike Grayson and Moran, to have been a detached observer, not the physician-friend. According to Bruenn, though he saw Roosevelt 3-4 times a week, the President never asked questions about his illness or the tests. Bruenn's impression was that Roosevelt thought himself a man of destiny who had a job to do and would do it until it was finished. He didn't ask Bruenn for advice, such as on the question of running for a fourth term. In other words, Bruenn's role, given and accepted, was simply that of a technician.

I have found no evidence that McIntyre or Bruenn ever revealed to Roosevelt the implications of his symptoms. It seems likely that Roosevelt either had no insight into his prognosis, or reacted with total denial, a form of self-deception, which is not

uncommon. He was planning a trip to London to lunch with King George when he died.

What was Bruenn's influence on high-level policy? In a positive sense it was nil because outside the area of his medical expertise his opinions appear to have been neither sought nor offered. Bruenn was a small cog in a large machine designed to restrict knowledge of Roosevelt's health within a narrow all-American circle.

Under these circumstances, if, as some have held, Yalta was a disaster, and if history apportions a large proportion of the responsibility for the disaster to Roosevelt, then it is not at once evident that his doctor could in any way be blamed even if he recognized at that time just how ill his patient was. It is not clear how ill he thought Roosevelt was; he might indeed have disagreed with Lord Moran who noted at Yalta that Roosevelt had lost his grip on things—"I doubt from what I have seen if he is fit for his job here." On the one hand it can be hard for a doctor preoccupied with a single patient to see things in complete perspective. On the other, Moran as an onlooker would have been uninformed on details of the case.

Conclusion

That is my story. I have pondered these things in the light of my own occasional experience in much less conspicuous situations. I find many questions arising.

Was it Roosevelt's doctor's job to tell him explicitly what his outlook was, mentally and physically; to advise him not to seek re-election for a fourth term and so to assume major responsibility for the burden of peace-making. Should Bruenn have declined to continue as Roosevelt's doctor if his advice were refused? Should Grayson have taken the same attitude over Wilson's rejection of his advice against going to Paris and later his advice on the fateful whistle-stop tour? Was Grayson's failure to certify the nature of Wilson's disability when he had his stroke justifiable? Was Moran right to indulge in the lonely gamble over Churchill's coronary in Washington?

It seems to me that the actions of Grayson and Bruenn were motivated virtually by one consideration alone, what they believed in practice was best for their patients as private individuals and entirely without regard for them as public personages. The motivations for the actions of the much more politically sophisticated Lord Moran are less clear cut; he was intensely aware of

the possible implications for Britain of his handling of Churchill's coronary, though he also took account "of the consequences to one of his imaginative temperament of the feeling that his heart was affected."

Perhaps the basic question that these reflections raise though is the extent to which appraisals of the health of people in leadership positions should continue to be privileged information which need be known only to a doctor of their own choice. The community is pretty fussy about the health of airline pilots. It insists that their health shall be regularly and independently reviewed. How different might our world be had Wilson, Churchill and Roosevelt come under regulations applicable to aircraft pilots? Are lessons to be learnt from the cases of these three men, which in the atomic age may lead us to conclude whose should be the decision on fitness for leadership?

DR. GAVAN GRIFFITH:

I am unsure if King Canute exhibited symptoms of megalomania when he commanded the waves to turn back, but it is clear that the problem of fitness to lead is not a new one. Caligula's horse undoubtedly (apart from any issue of its physical fitness as a steed) was unfit to be a consul of Rome. Napoleon's illnesses have not ceased to be speculated upon, and posthumous diagnoses are still made of George III's infirmities which gave rise to the Regency period. This "Mad, despised and dying king" was further and perhaps somewhat unfairly criticized in Byron's bitter and over-severe response to Southey's "A Vision of Judgment". Poor farmer George who showed visitors his turnips was damned in "The Vision of Judgment" Canto XIII:

A better farmer ne'er brush'd dew from lawn
A worse king never left a realm undone!
He died—but left his subjects still behind,
One half as mad—and t'other no less blind.

It is necessary to ask what we mean by fitness. For the most part, our examples are of physical fitness: Wilson; Churchill during the war years; and Roosevelt; and it is not difficult to think of other presidential examples:

Eisenhower's heart attacks perhaps led the President to devote attention to his golf handicap at the expense of affairs of State. It is said now of Kennedy that he suffered from Addison's disease and that he was affected by his physical condition at the time of the Bay of Pigs disaster, and more recently still, Johnson is said

to have been kept in office with the assistance of a pacemaker.

Of course, we would expect our political leaders on occasion to be restricted by physical infirmities, if merely because of their age, although examples such as de Gaulle and perhaps Chiang Kai Chek illustrate the fact that physical infirmity is not directly related to age.

In case of physical infirmity which does develop in a political leader, one would expect—and I expect this rather, as a lawyer than a doctor—that the physical effects of any disabling disease would in itself force any decision which has to be made as to resignation or fitness to continue in office, but it is not surprising that medical advisers, or it is not surprising to me, that medical advisers often will influence the process of resignation itself, and, in particular, they may be expected, I would have thought, to control the timing of change, and political biographies abound with examples of doctors who, in this manner, could be said to be “In at the kill”.

Perhaps if I could illustrate this with two examples. One example is the succession of Asquith as Prime Minister to Campbell-Bannerman in April 1908. This is something which is described fully by Roy Jenkins in his “Life of Asquith”. On the night of 13th November 1907, Campbell-Bannerman, who had been Prime Minister for only two years, suffered a severe heart attack in Bristol. He returned from a protracted convalescence on 25th January 1908, but by the 12th February, he suffered another heart attack and never again left his room at 10 Downing Street. As March wore on, the condition of Campbell-Bannerman deteriorated steadily and Jenkins reports that, both inside and outside the Cabinet, pressures mounted for there to be a new prime minister. By the last week in March, only two men were opposed to immediate change, and in Jenkins’ words “they were both in crucial positions”. The first was Campbell-Bannerman’s doctor who wrote to Asquith warning him that any suggestion of resignation would be bad for his patient, and, surprisingly, the second person in a crucial position was the King, who, at that time, was proposing to leave for six weeks’ holiday at Biarritz and did not wish the illness of a Prime Minister to interrupt his holiday. The impasse seemed complete, particularly as Campbell-Bannerman himself, when his hopes of recovery disappeared, showed signs of wanting to die in office. Surprisingly enough, there was a change, and the change was in the doctors. The doctors suddenly decided that the Prime Minister

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should resign. They said "Immediate resignation is imperative", and Campbell-Bannerman resigned on the 1st April 1908. The King, remaining reluctant to the end to sacrifice his holiday, required Asquith to go out to Biarritz to kiss hands as the new Prime Minister. Jenkins reports that Asquith drove to Charing Cross and took the nine o'clock continental boat train for Paris alone, without even his private secretary. It seems strange to us now that on this occasion, a British Prime Minister took office in France and not in England. Here, it seems that the timing of Campbell-Bannerman's resignation was that of his doctors, but one may comment that theirs was only a temporal responsibility. It was clear that Campbell-Bannerman's illness itself had incapacitated him from continuing office, and the change was inevitable, but undoubtedly the time for change was determined by the decision of one of those persons in a position of crucial importance, his doctor.

My other example is that situation of Eden's resignation from office, and this is described very briefly in the final few pages of Eden's memoirs, "Full Circle". He describes the circumstances of his decision to resign on 18th January, 1957 in somewhat Victorian language. There are no medical terms. There is no mention of bile ducts, or other medical symptoms. All we are told is that Eden suffered from recurrent bouts of fever after about Christmas 1956. He goes on "This trouble was enough to seek Lord Evans' advice" (being his doctor). He said, "After an examination, he advised me to come up to London as soon as possible when I could see him with one or other of his specialists who were familiar with this complaint. He did not disguise from me that the bouts of fever might be on the way back. . . . If a man is told that he is suffering from heart trouble or cancer and is doing some vital work, he may well decide that he can and will go on with it as long as his powers do not fail. Mine was a more difficult decision, for the truth was that these fever attacks, if they began to return at all frequently, were in themselves so weakening that nobody could suffer from them and at the same time do a good day's work let alone a night's work. When Lord Evans saw me in London, he repeated his opinion that the indications of a return of my old complaint were serious and that I must expect them to become more frequent. It was impossible to tell how rapidly they would do this, whether there would be several attacks of fever in the next month or two compelling me to lay down my work then, or whether the intervals would be longer or

shorter, but what was certain, his judgment was that the attacks would continue and increase in intensity. We agreed to have a second opinion, that of Sir Gordon Gordon-Taylor, most respected and experienced of surgeons, who forcefully confirmed Lord Evans' opinion. On the following day we asked for a third opinion, of Dr. Thomas Hunt. He took the same view. After this firm and cumulative advice, I knew I had no choice. If I had to hand in my resignation I wished to do so at once." So in this case, of course, fitness for leadership in January 1967 was decided on the advice of his medical advisers, and had it been their advice that he was able to continue in office, one would imagine he would have chosen to soldier on. His doctors cumulatively said "No", and the result was Eden's immediate resignation.

Most recently, of course, since the title of this paper was announced, the Egleton affair has brought attention to the issue of mental fitness for political office. It is well known that Lincoln suffered from protracted bouts of melancholia, and in this century, President Harding likewise suffered from acute depression, but the Egleton case to me, not surprisingly, illustrates the proposition that psychiatric disabilities have emotional overtones which at least in the minds of the electorate are strongly to be distinguished from physical ailments. Thus we are not surprised when President Nixon's aides apparently feel that it is socially and politically acceptable to put it about that Nixon's consultations with his psychiatrist before he became President were for a physical ailment. Another example in England in recent years, it got about that Sir Keith Joseph, who is now the Minister of Health in England had visited a psychiatrist before the last election, but he could explain this. He only went there for the purpose of finding out which of his particular attributes he should emphasize for public appearances, so that the public should get the impression that he was a man fit for leadership. This was sufficient to explain away any overtones that a visit to a psychiatrist might make.

In the aftermath of the Kennedy assassination in 1964, it was realized in America that there was no Constitutional provision for the secession of a President who was not dead but who for some reason became unable to continue in office. Although Wilson's wife and doctor were able to deputize for the President in his last year in office, obviously more regular forms of executive government should be available in the event of presidential incapacity of this sort.

On 23rd February, 1967, President Johnson witnessed the sealing of the twenty-fifth Amendment of the Constitution of the United States. This Amendment is headed, "Amendment to Constitution of the United States relating to Succession of the Presidency and Vice-Presidency and to cases where the President is unable to discharge the powers and duties of his Office". Section 3 of this Amendment enables the President himself to make a written declaration if he is unable to discharge the powers and duties of his office, and it says:

Whenever the President transmits to the President *pro tempore* of the Senate and the Speaker of the House of Representatives his written declaration that he is unable to discharge the powers and duties of his office, and until he transmits to them a written declaration to the contrary, such powers and duties shall be discharged by the Vice-President as Acting President.

Of more interest is the following section, section 4, which provides that the Vice-President shall assume the powers and duties of the office as Acting President whenever he and a majority of either the principal officers of the executive departments or such other body as Congress may by law provide, transmit to the President *pro tempore* of the Senate and the Speaker of the House of Representatives a written declaration that the President is unable to discharge the powers and duties of his office. This section contemplates that there may be a dispute between the President and the Vice-President and the majority of the principal officers so defined as to this issue of fitness. Either the President may be unable to make a declaration that he is unfit, or it could be that there is a conflict of opinion. The President may believe he is fit: his Vice-President and the majority of the principal officers so defined may be of the opinion that he is unfit. The remainder of the section is an interesting provision, which provides for the resolution of these disputes. It provides, in effect, whose decision it shall be if the Vice-President and, in effect, his counsel dispute with the President as to whether the President is fit to continue in office, and clearly covers the case of mental infirmity in the President. Going on with section 4, it provides

Thereafter, when the President transmits to the President *pro tempore* of the Senate and the Speaker of the House of Representatives his written declaration that no inability exists, he shall resume the powers and duties of his office unless the Vice-President and the majority of either the principal

officers of the executive department or of such other body as Congress may by law provide [I know of no other such body] transmit within four days to the President *pro tempore* of the Senate and the Speaker of the House of Representatives their written declaration that the President is unable to discharge the powers and duties of his office.

So, on occasion, where there is a conflict, the President signifies that he is fit for office, the Vice-President and the Leader of the Senate submit that he is not, thereupon Congress shall decide the issue, assembling within 48 hours for the purpose if not in session. If the Congress determines by two-thirds vote of both Houses that the President is unable to discharge the powers and duties of his office, the Vice-President shall continue to discharge the same as Acting President; otherwise the President shall resume the powers and duties of his office. So it provides an occasion for dispute. The decision will be a political decision, a joint decision of the House of Representatives and the Senate on a two-thirds majority. If two-thirds decide that the President is unfit, then the Vice-President continues as Acting President. If there is less than two-thirds majority, then a declaration from the President that no inability exists will be accepted.

Of course, one would not accept a political decision of this sort if one were accepting a decision whether an airline pilot was fit to fly or not. A decision of this sort must, and I think airline pilots and the public would agree, be decided on matters of medicine alone by men of medicine, but in the case of fitness to continue to lead as a President, or as any other political leader, one would assume, where it is not the medical matter to be decided by a medical board, that, as in the case of the twenty-fifth Amendment of the United States Constitution, it is something properly to be left to politicians to decide, although it seems from the way, for example, that section 4 of this Amendment is drafted that there would be little privilege, if any, granted for any medical information which may assist politicians who wished to decide whether a President was or was not fit for a particular office, in a particular case. One would hope, nevertheless, that this twenty-fifth Amendment is something not to be used, or to be used rarely.

In Australia, it seems to me, as in England, there is not the same difficulty in leadership succession. We have been agreeably free from issues of the capacity, whether physical or mental, of our political leaders, though perhaps the unkind can say we

have not been free from any other emphasis of the quality of political leadership, at the same time. Some people would say, for example, that Dr. Evatt was of unstable temperament which did not fit him for office as a Prime Minister, but it is our constitutional convention, and I would say rightly so, that the decision of capacity to lead is left to the vote of the parliamentary political party, and not to a board of medical examiners. Clearly, our constitutional position would not demand a twenty-fifth Amendment. Our Prime Minister comes to office as the elected leader of an elected parliamentary political party, and those who elect him have, as we have most recently seen, the capacity to remove him from the position of leadership, and one would expect in the case of proven medical or mental incapacity that the public is sufficiently protected by the existence of this power to remove the leader at any time. In an extreme case, I think one could expect, as in England, the Governor-General, or perhaps in the States, the Governors, to exercise the Royal prerogative to dismiss an obviously unfit leader from office. In England, the Queen still has considerable executive power. For example, when Eden resigned, it was the Queen's decision to choose Macmillan rather than Butler, and the Parliamentary Conservative Party was given no choice as to its new leader. It is doubtful, looking at this event, whether the circumstances would ever be the same in England. One would expect that the Parliamentary Party itself would decide who the leader would be, and certainly, in Australia, it would not be Governor-General who would make that decision, but if it came to a situation where the political party would not act and there was obvious incapacity in a Prime Minister to govern, it seems the Governor-General could act on his own motion to dismiss the Prime Minister from office.

More recently, it has been reported that Dr. Lander, a Reader in Medicine at the University of Adelaide, has made a study of the repercussions of physical and psychiatric illness in political leaders, and he has concluded that all political candidates should be examined, subject to the difficulty, as he puts it, of "finding doctors and psychiatrists who are honest and sane enough to conduct the examination". He goes on to say that politicians should be examined "so that their days with Bacchus and their nights with Venus do not result in our years with Lucifer". Perhaps it is a good idea. In defence of Senator Eagleton's position, it was said that he had the advantage of having a certificate showing that he was sane, but whatever the theoretical risks which

may arise because we do not medically and psychiatrically test our politicians' medical and mental capacities for leadership, and we do not give them a certificate as fit to run for or to continue in office, it seems to me that it is clear that this is a risk which, at least, in Australia, we are prepared to continue to bear, and that we will not, as Dr. Lander might suggest, give them a test before they start. All we do is hope that those other of our politicians, other than the leaders, will have the good sense to recognize an incapacity, whether it be physical or mental, and to take appropriate action to remove their leader before disorder falls upon us.

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