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John Buchan's Race Through Life, Chased by his Only Foe – Illness

PATIENT AND PUBLIC INVOLVEMENT:

There was neither patient nor public involvement in this study.

Abstract:

This article examines John Buchan's experience of gastric illness, dyspepsia and duodenal ulcers within the medical context of his life during the first half of the twentieth century. In tracing some of the different and changing approaches to gastric illness over the intervening decades, it compares the medical knowledge and practices of that period with medical knowledge and treatment today. The article's low key empirical intersectional examination, too, touches on both ethics and justice. Its importance lies not only in its discussion on past and present medicine, but also in its scrutiny of Buchan's extraordinarily dutiful approach to his active and varied careers, often marred for him by sudden onsets of illness. Buchan's coping mechanisms, including mental and physical endurance, are spotlighted in his life and in some of his works, frequently written when he was in pain, or recuperating from illness. Both his fiction and non-fiction had multiple purposes: to support his extended family; to help his country; to help his fellow countrymen escape into adventure during war; and to help himself escape from pain.

Keywords:

Gastric illness, dyspepsia, duodenal ulcer, diet, surgery, duty, adventure fiction, non-fiction, intersectionality, ethics, justice.

Introduction

Scotsman John Buchan (1875-1940) seemed to race through his sixty-four years of life. He was also one of the first novelists to feature car and plane chases in adventure fiction. He had several different careers, and, while he was sufficiently human to have detractors, he never had a serious enemy—apart from gastric illness which persistently pursued him throughout his adult life, and finally led to his death. A classicist from his Oxford days, Buchan's careers spanned the law, writing, publishing, politics, and diplomacy. He ended his days as Governor-General of Canada (1936-1940). He was a happily married *pater familias* with four children and, as the eldest son from a modest Presbyterian manse family, willingly carried most of the financial burden for his extended family, particularly after the deaths of his father the Reverend John Buchan (1847-1911) and of his brother William (1880-1912).

We are all subject to the constraints of the historic era in which we live; Buchan was no exception. Had he been born in the late twentieth century, his duodenal ulcer almost certainly would have been cured by antibiotics. In 1984, Dr Barry J. Marshall (1951-) and Dr J. Robin

Warren (1937-) discovered a new bacterium, *Helicobacter Pylori*, which they proved causes peptic ulcers and other gastric diseases; this important finding also led to the discovery of a ‘link between H. pylori infections and stomach cancer’ (National Cancer Institute US, 2014). Twenty-one years later, Marshall and Warren made a further medical break-through when they also discovered that the bacterium could be destroyed by the antibiotics, amoxicillin, clarithromycin and metronidazole, in combination, and the ulcers cured. For these discoveries they were jointly awarded the 2005 Nobel Prize for Physiology or Medicine. ‘As a result of this knowledge’, Marshall states, ‘treatment is simply performed and stomach surgery has become a rarity’ (Marshall 2005, 250). In his Nobel Lecture, Marshall explains the difficulty, even when their case was proven, in persuading the medical profession to accept their findings, since ‘[n]o amount of logical reasoning could budge what people knew in their hearts to be true’ (Marshall 2005, 267). They believed that ‘[u]lcers were caused by stress, smoking, alcohol and susceptible genes’ (Marshall 2005, 267). These deeply ingrained beliefs, as readers of this article will see, illustrate these strong views emanating from many doctors and even Buchan’s recent biographers. Marshall and Warren also found that *Helicobacter Pylori* ‘mostly occurred when they were tiny children, aged 2-3 years’, which was why ‘ulcer patients could not recall an acute infection’ (Marshall 2005, 270). Marshall learned, too, ‘that the “ulcer personality”’, associated with and ascribed to patients with ulcers, vanished together with the ‘eradication of their *Helicobacter*’ (Marshall 2005, 276). This proved that ulcers were not caused by the patient’s state of mind, but that *ulcers*, and the physical suffering they caused, could affect the patient’s state of mind. This article will focus on what contemporary medical knowledge was able to achieve for Buchan and what we can now hypothesise was actually happening to him. The article also illustrates that medical scientific knowledge is ongoing and is not *necessarily* progressive in a constant and consistent trajectory forward. Theories are always evolving.

So, too, are human attitudes to illness. The modern western approach is to avoid illness at all costs because of our deep-seated fear of death. Tied to this is the secular belief that there is nothing after death. The word wellness was coined to express our modern belief that we *must* be well and must not fall ill. Stoicism and acceptance of our fate is not to be tolerated. Ironically and sadly, according to Barrett and Francescutti, our ‘chances of surviving this day are far better than they ever have been in all of human history’, yet the statistics tell us that ‘we suffer from such poor health and well-being when we are living in the safest, most secure, and most prosperous era in all of human history’ (2021, ix). In Buchan’s lifetime, people were more accepting of illness and death. Believing in Christianity, they knew that their time on earth was limited, so they had to make the most of their *mortal* lives as human beings are not *immortal*, but after death, there was the hope of an after-life in heaven, provided the mortal life had been *well* lived. A well-lived life did not refer to life without illness or pain, but to a life that had adhered to the Christian code of morality and stoically carried out duties and responsibilities even in the face of intolerable difficulties. Brought up in Scottish Presbyterianism, Buchan would have been strongly imbued with this belief.

Buchan, then, was born too early to benefit from the modern medical treatment of antibiotics for ulcers. Instead, despite his cheerful stoicism and indefatigable work ethic, he was increasingly stalked, at critical times, by crippling stomach pain. He had intelligence, drive and ambition, all of which, despite his determined cheerfulness and friendly charm, must have felt thwarted and frustrated when illness struck, often at the most difficult times of his

life. This article examines Buchan's courageous battle with this gastric disease in light of his medical history, some of his written works created around these difficult periods, his medical treatment in line with contemporary medical knowledge, as well as medical advances and practice in the treatment of peptic ulcers prior to, and just occasionally, after 2005. Myths and legends, as Marshall noted, do not necessarily disappear in the face of facts.

The article, then, considers both the human being, nearly a century ago grappling with a disease and contemporary medical treatments at the same time as continuing to carry out his professional duties and personal responsibilities, as well as some of his works. Some of these works may well be regarded as *popular* fiction, yet they remain an invaluable repository of knowledge for us today in spotlighting human coping mechanisms, when beset by seemingly insurmountable difficulties of ill-health, national problems and international conflict. The more efficacious our medical treatment today, the less tough our mental forces seem to be. Learning about one individual and his written output from the previous century may well help us face our own human hurdles. Pervading this article about a human being, his illness, his medical treatment, and his professional and private life, is the question of intersectionality. Intersectionality acknowledges that the personal backgrounds and geographical and ethnic origins of individuals instil in them certain 'expectations and confrontations with social class' (Thimm 2022, xii), which can involve religion, as was the case with Buchan's Scottish Presbyterian roots. Questions of ethics and justice, linked with family background and education creating both advantage and disadvantage, also form part of the prism through which this article examines Buchan's long struggle to meet expectations—his own, his family's and society's—while wrestling with ill health. While these important considerations underlie the article, they will not be raised to the roof, so to speak, so that the discussion, following Viola Thimm's example in 'Voicing Valerie' (2022), can remain jargon-free and at the individual, rather than the ideological abstract level.

Early Trauma and Possible Role of Genetics in Duodenal Ulcers

Buchan's bed confinements were not always because of his stomach. At five years old, his fall from a carriage fracturing his head and requiring him to spend a year in bed (Adam Smith 1965, 14; U. Buchan 2020, 8-9), may also have contributed to his premature death, according to modern research from Oxford University, which believes that head injuries can triple the long-term risk of dying early (Anonymous 2014, 62). Yet historian-biographer Andrew Lownie believes that this long hiatus in his early years, during which 'he had to learn to walk again' but 'was forbidden to learn to read' following contemporary medical advice, transformed Buchan 'from a delicate child into a tough and determined young boy' (Lownie 2002, 23). Certainly, his toughness and determination helped him cope with his long-term gastric illness in adulthood.

The role of family genetics in duodenal ulcers, believed Arthur Frederick Hurst (1879-1944) in 1920, was an important consideration. Hurst was a physician and neurologist to Guy's Hospital in London. He remarked that, in one 'remarkable duodenal ulcer family' he knew, 'the father and two out of nine children were dyspeptic, and four others had typical symptoms of duodenal ulcer, one dying from a perforation' (Hurst 1920, 3095). Hurst suggested 'that the types of stomach which predispose to the development of gastric and duodenal ulcer respectively are congenital, and either one or the other may exist in several members of a

family' (Hurst 1920. 3095). Late twentieth-century medical research concurred that genetics could play a part in causing gastric problems. Y. Ohtaki et al argue that 'the genetic trait' has a role 'in the pathogenesis of peptic ulcer disease' (Ohtaki et al 1997, 469). Even more recent medical research in 2021 confirms family genetics as a contributing cause for a whole range of digestive diseases, including gastro-oesophageal reflux disease (Wu et al 2021, 1-17).

Certainly, Buchan was not the only family member to suffer from stomach disease. Violet, Buchan's much younger sister (1888-1893), developed very painful gastric problems just before her teens and died a couple of months later. The cause of death, deemed by an 'expensive' Edinburgh doctor to be 'tuberculosis of the mesenteric glands in the stomach', was later queried by Ursula Buchan, Buchan's granddaughter and biographer (U. Buchan 2020, 24). A medical case report in 2017, however, appears to link mesenteric (abdominal) glands to the additional presence of gastroduodenal tuberculosis and peptic ulcer disease (Chizinga et al 2017, 51), the two diseases thus appearing to be related in some way. Buchan appeared, too, to pass on his stomach problems to his daughter Alice (1908-1993). Ursula Buchan mentions that 'Alice also suffered from digestive troubles' and that a letter from her father John in 1936, when he was plagued with gastric pain and she was 28 years of age, bids her to '[c]herish the brute [her digestion] as if [her] salvation depended on it, for if it becomes malevolent it can poison life' (U. Buchan 2020, 359). Like her father, Alice could not have benefited from the antibiotics, amoxicillin, clarithromycin and metronidazole, now commonly in use to treat ulcers. Since Alice lived until she was 85 years old, we could safely assume that, either her digestive problems never reached the severity of her father's, or that she was successfully relieved by other medication.

Dysentery as Possible Origin of Duodenal Ulcer

Another early sign that Buchan was susceptible to gastric problems was in 1902, just less than a decade after his sister Violet's death. He fell ill while serving as private secretary to Lord Milner in South Africa, despite his having 'revolutionised' the Refugee Camps, so that 'the death rate is down to something nearly normal now', whereas previously 'the children were dying like flies' (U. Buchan 2020, 85). Buchan's duties, in helping to re-settle Africaner farmers after the Boer war, involved long reconnaissance journeys overland, during which he 'caught dysentery after drinking bad water while sleeping rough up country' (Lownie 2002, 75). While Buchan does not refer to his own illness in *The African Colony* (1903), he does describe a horror night spent in a 'blockhouse', where he and his travelling team were 'attacked' by '[e]very known form of vermin—fleas, bugs, mosquitoes, spiders, rats, and for all I know, snakes' (117). Rising quickly, they 'breakfasted in haste', and 'were on the road an hour after sunrise', unable to wash until they reached a farm, where they crudely 'rid themselves of the blockhouse' in a tub of hot water with 'a bottle of sheep-dip [which] was emptied into it' (*The African Colony*, 119). Buchan casually mentions, contextually, cattle diseases being rife on farms, and that '[o]ne admirable old man' said he was perplexed, since they 'used to be told that all diseases come from on High', but are now told 'that some are our own fault. But which is which?' (*The African Colony*, 117). David Crawford, the character based on Buchan himself in South Africa, makes a point of using a substantial amount of his newly acquired wealth of 'a trifle over a million pounds' from Prester John's necklace (*Prester John* 1910, 198), having ensured that his 'mother need never want for

comfort' (199), on improving the lives of South Africa's first inhabitants. He sets up a fund to build and staff various kinds of educational and technical training colleges, in addition to providing 'playing fields and baths and reading-rooms and libraries' as well as a monument to both Prester John and John Laputa (*Prester John* 1910, 200). An article by American doctor, James H. O'Connor in 1906, sang the praises of surgery to cure gastric and duodenal ulcers before they could possibly turn cancerous. He looked 'forward to the time when all cases of duodenal and gastric ulcers which do not readily yield to dietetic measures or which show a tendency to relapse, will be surgically dealt with' (O'Connor 1906, 98). This very early link made by O'Connor between ulcers and cancer is significant in light of the 2014 statement by the (US) National Cancer Institute mentioned earlier.

Lownie's comment that, despite Buchan's apparently quick recovery from dysentery at the time, 'the attack was to have repercussions on his health many years later', appears to be verified by modern medical opinion, if the bacteria absorbed included *Helicobacter Pylori* which, in hindsight, is quite likely. Penicillin, the first antibiotic, was not discovered until 1928, so it is possible, if not probable, that the amoebas remained in Buchan's body. A modern medically reviewed website states that '[w]ithout treatment, even if the symptoms disappear, the amoebas can continue to live in the bowel for months or even years' (*Healthily* Accessed 2022).

Pre-Wedding Stress and Early Signs of Gastric Problems

Five years later, in 1907, during what should have been a happy time after becoming engaged to Susie Grosvenor (1882-1977), Buchan 'collapsed from nervous exhaustion', due to 'working extremely hard' and 'mounting tensions about the wedding, generally created by' his mother (Lownie 2002, 97). His brother William wrote a strongly supportive letter to Buchan from India, where he was working in the Indian Civil Service, to encourage him not to take his mother's reactions too seriously. Only eighteen years older than Buchan, Mrs Helen Buchan (1857-1937) had formed an indissoluble bond with her eldest son during his year in bed as a small child. Mrs Buchan would also have adhered to the cultural commonplace purveyed by Scottish Presbyterian Kailyard ("cabbage patch") fiction whereby 'mother and son' are locked together 'in a relationship of mutual service' (Walton 2015, 143). Domination of the mother over sons and their choice of spouse was another feature of this parochial literature, first given its name by John Hepburn Millar, 'writing in the *New Review* in 1895' (Nash 2007, 194). Kailyard literature began earlier in the nineteenth century and continued into the early twentieth century, but was increasingly disparaged and lampooned by critics and more serious writers from the 1890s. '[M]arrying a weak wife', according to Kailyard mothers must not take place, as it would be 'courting disaster' (Walton 2015, 149). A son was expected to be successful, but also to be 'frugal', while 'posting his weekly savings to his saintly mother' (Findlater [1904] in Walton 2015, 143). Buchan faithfully followed the tradition of being spendthrift and financially supportive to his mother. He nonetheless 'never lost his dislike of "kailyardie"' (Clarke 2015, 16) from his days in Oxford when he lamented that modern Kailyard writers had forgotten the humility of their predecessors, who 'were content to delve in a corner of their kailyardie without exaggerating the importance of the crop of leeks and turnips' (Buchan [1895], in Clarke 2015, 17). Buchan's dislike of "kailyardie", however, did not stop him from adopting their ethical stance

with regard to his mother and his own finances. The habit of frugality could be seen as distinctly advantageous, given that financial success was long in coming to Buchan. Despite having three other children, Buchan was the child his mother could never seem to let go, although his wedding to Susie went ahead later in the year at St George's Church, Hanover Square, his symptoms settled down and his mother coped.

Family Illness, Family Deaths, Financial Stress and Digestive Pain

Another five years on, in 1912, Buchan's painful digestive troubles began in earnest after a series of family health problems while tending to his constituency in Scotland (Adam Smith 1965, 191-192; U. Buchan 2020, 154). The Reverend John Buchan, Buchan's father, having retired in 1910, suffered a heart attack and died in 1911, while the family was worrying about Mrs Buchan's anaemia and fearing her death. William had returned from India because of his mother's illness, but she survived, while he became ill with back pains, and died in November 1912, of a pneumococcal infection caught in the Himalayas (Adam Smith 1965, 190; Lownie 2022, 109). All three sons, John and bachelors William and Walter, had shared the financial support of their parents after their father's retirement. John's eldest son Johnnie had been born six days after his grandfather's death (Lownie 2022, 109). After the funeral of William, to whom he had been very close, Buchan returned to London and was confined to bed 'with stomach pain' (U. Buchan 2020, 156), aware, too, that he had had 'irregular meals', so he gave up cigarettes, beef and fruit to follow the medical advice given him (Adam Smith 1965, 191). He was conscious, too, that there was now more financial pressure on him 'to succeed' (Lownie 2022, 110). Even in bed, Buchan began to write his first biography of the Marquis of Montrose (1612-1650) (U. Buchan 2020, 156), which was short and published in 1913 but was soon out of print. Like Montrose, Buchan 'had an appetite for hard exercise', and like his hero, he 'endured regular bouts of bodily pain' (Adam Smith 1965, 355). In his second book on Montrose, which was published in 1928 and very favourably received, Buchan mentions that in October 1644, during his campaigns to help Charles 1 (1600-1649), Montrose 'fell seriously ill' at Badenoch, and 'it was rumoured in the south that he was dead'; he was ill 'for several days' and the illness 'seems to have been a fever caused by excessive fatigue', but 'by the 4th October he was on the move again' (*Montrose: A History*, 166). Montrose was probably Buchan's favourite historical hero. It seems that he emulated Montrose's stoic attitude to illness.

Duodenal Ulcer Diagnosis, First-World War, Army Rejection, Popular Fiction, Financial Reward

During a family spring cruise to the Azores to take a break from his busy schedule in 1913 while he was writing *The Power House*, 'a novella written in the clubman style' (Macdonald 2010, 34), in serialised form for *Blackwood's Magazine*, Buchan fell ill again with gastric pain (J.W. Galbraith 2013, 25). It was not until late October 1914, though, that Buchan's stomach problems were diagnosed as a duodenal ulcer by Sir Bertrand Edward Dawson (1864-1945), a physician to the British Royal Family, including four successive monarchs, and President to the Royal College of Physicians from 1931 to 1937. Lord Dawson

commanded Buchan to rest to avoid an operation (Lownie 2002, 122). This was after a fraught summer, in which his daughter Alice, then six, ‘needed a mastoid operation and Susie’s family had financial difficulties which required his intervention’ (Lownie 2002, 122). Buchan’s diagnosis and treatment by a Royal physician is indicative of his increasing social mobility, through his scholarly efforts at Oxford where he formed firm friendships with sons of aristocrats, through his various London clubs, and through his marriage to Susan Grosvenor, whose family were aristocratic but not wealthy. Her late father had ‘had to earn a living as an employer of the insurance company Sun Life’, though he rose to become their Chairman (Lownie 2002, 93). Buchan, in keeping with his Presbyterian ethics and frugality, paid his own medical bills. His ambition, fostered by his mother, and his own drive to succeed all helped to gain him access to the best contemporary medicine available. To enable Alice to convalesce and himself to rest, the family stayed in ‘a large house on Stone Road in Broadstairs, close to the Arthur Grenfells, cousins of Susie, who had been lent a house with steps down to a private beach on the North Foreland (Lownie 2002, 118). Here, having ‘undertaken to write Nelson’s History of the War’ (U. Buchan 2020, 167-168), and been rejected by the army because ‘of his age and health’ (Lownie 2022, 122-123), Buchan wrote *The Thirty-Nine Steps* (1915). These steps are believed to be based on the steps at the house where the family was taking its break.

Initially serialised in *Blackwood’s Magazine*, this novel was then published as a book by William Blackwood and Sons. The very beginning of the novel may ascribe the negative feelings to Richard Hannay, the hero, but the author’s own grappling with his duodenal ulcer can also be glimpsed in the sub-text. Hannay is ‘pretty well disgusted with life’, and was ‘fed up’ already with ‘the Old Country’, as ‘[t]he weather made [him] liverish’, and ‘the talk of the ordinary Englishman made [him] sick’ (*Thirty-Nine Steps*, 18). It is as if *The Thirty-Nine Steps* was not just providing excitement for Hannay, but also for Buchan to take him out of his world of pain into his fictional “shocker” world, where spies lurked to carry out their secret espionage in their threat to Britain just before the First World War. Racing across England and Scotland on trains, motorbikes, bicycles, cars and on foot, chased by enemy spies in cars, planes and even finally a yacht about to land on English shores, these spies, who were intent on doing harm both to Hannay and to his country, gave Buchan *and* his readers, fearful during war-time, just the kind of excited relief they needed. Hannay’s revelation to a helpful stranger could easily be Buchan’s subterranean hope for vanquishing his ulcer: ‘The devils are after me, and the police are after them. It’s a race that I mean to win’ (*Thirty-Nine Steps*, 43). On a strict diet, Buchan’s descriptions of food consumed hungrily by his hero perhaps gave him enormous pleasure, and would have pleased his readers. Hannay’s desire for ‘the better part of a fitch of bacon and half a hundred eggs’ (*Thirty-Nine Steps*, 70) from one of the spies has to be satisfied by ‘[a] bit of cold pied’ and ‘a glass of beer’, which he ‘wolfed down like a pig’, only to find that the old man then ‘spoke suddenly to [him] in German’ (*Thirty-Nine Steps*, 72). Buchan, suffering pain and discomfort from his ulcer, manages to share some of his symptoms with his readers through fictional Hannay who, having just escaped from his captors thanks to an explosion, reveals how he ‘felt very sick and ill’ (*Thirty-Nine Steps*, 76), and later ‘had a crushing headache, and felt as sick as a cat’ (*Thirty-Nine Steps*, 81).

Hannay’s race, though, is ultimately won, through his courage and ingenious code deciphering of the thirty-nine steps. Buchan cleverly transmutes his optimism for conquering

his gastric illness into optimistic patriotism right at the end of this first novel in his Hannay series, when the fictional spies—and the invading yacht—are captured. The novel's final paragraph begins by saying that '[three weeks later, as all the world knows, we went to war' (*Thirty-Nine Steps*, 119). Unsurprisingly, in 1917 Buchan was made Director of Information, in charge of propaganda, two years after *The Thirty-Nine Steps* was published. By this time, after a long and circuitous writing route taking two decades of relative obscurity and modest financial reward, detailed thoroughly by Kate Macdonald (2010, 27-107), he had learned how to write adventure stories that would inject enthusiasm, hope and daring courage into his readers, who loved his exciting, if scarcely believable, stories. These stories would have helped to ease his frustration of being rejected by the army and diverted his need to be part of the action onto his heroes.

Juggling War-Front Duties and Popular Fiction Writing While Chronically Ill

Rejection by the army for active service because of his chronic illness did not prevent Buchan from working at the Front in a capacity more suited to his talents and of more use to the British fighting forces. Doubtless frustrated and dispirited by being denied an active role, Buchan was nonetheless one of five journalist observers 'at the battle of Loos' in September 1915 (Lownie 2002 123-124) and his work, both in this assignment and in his *Times* articles, was so admired that he was offered 'a job drafting communiques at Haig's HQ' in France in 1916 (Lownie 2002, 124), having written, for GHQ, 'a short account of the first phase of the battle of the Somme' (Adam Smith 1965, 198).

Unlike most people, Buchan was able to keep up a dialogue with uncommunicative General Haig, but his indigestion was a problem. He was also frantically busy. Not only did he retain 'the same output in non-war books' as he did 'throughout his career', but was also, alongside his war-front writing, prodigiously producing 'the first eight volumes of Nelson's *History of the War*' (Macdonald 2010, 38). In addition, he delivered public speeches on the war, several of which were 'reprinted in aid of benevolent associations' (Macdonald 2010, 39). In 1916, he was writing *Greenmantle*, its narrative following on from *The Thirty Nine Steps*, and had given indigestion to his American character Blenkiron, describing his condition 'so realistically that a London surgeon wrote bidding Buchan himself hasten off to the Mayo Brothers' Clinic' (Adam Smith 1965, 256). Buchan's digestive problems especially worried his wife, who could tell from his letters that he was not well. She was concerned about 'the long jolting drives, the living in billets with meals of unsuitable food at irregular intervals', for he nearly died from one 'particularly acute attack', when he was billeted alone, taking 'hours to crawl in agony to the door and make himself heard by the sentry' (Adam Smith 1965, 199). After a few days at the Casualty Clearing Station, he insisted on returning to his duties, 'existing mainly on a diet of Benger's and Allenbury's', until he was sent back to London in December 1916 (Adam Smith 1965, 198-199).

In *Greenmantle*, Blenkiron's realistic ulcer symptoms are embedded into a narrative combining the grubby underworld of exotic Constantinople with the deep terror of Nazism's possible victory by using the Muslim 'religion to help them win the war' (*Greenmantle*, Introduction). Despite its incredible plot and incredulous characters at times, *Greenmantle* has a sound basis in real-life war events. It involves Germany's plan to utilise Islam in the Middle East 'as a useful weapon to use against Britain' (Lüdke 2014, 391). German

researcher Tilman Lüdke acknowledges ‘that the Germans fared worst’ (2014, 393), while ultimately ‘Britain arguably fared better’ (2014, 411). He also believes that *Greenmantle* is ‘[p]robably the best (literary) expression of European (or rather British) fear of Pan-Islamism’ (in Burgschwentner 2014, 389). British-American Christopher Hitchens (1949-2011) illustrates Buchan’s ‘capacity for vicarious identification—even imaginative sympathy’ for Islamism in his elucidation of fictional Sandy Arbuthnot’s half-belief that the Muslim zealots are in the right’, for he tells Richard Hannay that ‘”[t]he West knows nothing of the true Oriental. It pictures him as lapped in colour and idleness and luxury and gorgeous dreams. But it is all wrong ... It is the austerity of the East that is its beauty and its terror”’ (2004, 1 March). This extraordinary ability of Buchan to see the world from a broader perspective than his own is manifest in his ‘fascination’, as Hitchens says, for Germany’s use of ‘its Turkish allies to enlist Muslim sentiment against the British Empire’ (2005, 1 March). Canadian academic Ahmed Al-Rawi stresses that Buchan used ‘historical details’ in order ‘to propagate positive ideas of the British Empire and present negative stereotypes of the German and Turkish powers’ (2014, n.p.). Since propaganda was Buchan’s powerful contribution to Britain during the war, this is unsurprising. What *is* surprising and laudable is Buchan’s adherence to historical facts *and* his willing aptitude for showing the enemy’s point of view and strengths. Having confirmed Buchan’s propaganda role, Charles Jones points out *Greenmantle*’s ‘additional strategic purpose’ (2015, 157), which was ‘Buchan’s insistence on intelligence and espionage as the decisive elements in modern warfare’ (2015, 158).

In this ‘melodrama’, Buchan says in *Greenmantle*’s Preface, ‘no man or woman’, should ‘call its events improbable’, since ‘[t]he war has driven that word from our vocabulary’ (*Greenmantle*, 10). The aristocratic eccentric, Sandy Arbuthnot, adopting the disguise of the Muslim prophet in an emerald robe so that *Greenmantle* could appear at last ‘to an awaiting people’ (*Greenmantle*, 255), is therefore to be believed! Alongside Richard Hannay, whom readers have already met in the Hannay series’ first novel, appears Mr John Scantlebury Blenkiron, from America, then neutral but being courted to join forces with the Allies overtly by statesmen and covertly by Buchan by making this character selflessly helpful to the British, *despite* his gastric illness. Blenkiron confesses to Hannay that his ‘duodenal dyspepsia’ invariably ‘gets [him] two hours after a meal and gives [him] hell just below the breast-bone’, so he eats ‘fish, Sir, and boiled milk and a little dry toast’, instead of ‘oyster-crabs and devilled bones’ (*Greenmantle*, 22). Hannay, by contrast, tucks into ‘an omelette and a chop’ (*Greenmantle*, 22).

For dinner, on the same day, Blenkiron requests that Hannay provide him with ‘[a] little fish, please, plain-boiled, and some hot milk’, as well as the loan of his ‘couch after the meal’ so that he can ‘spend the evening on [his] back’, which is ‘the advice of [his] noo doctor’ (*Greenmantle*, 24). Later Buchan describes Sandy, at five o’clock at Hannay’s flat, ‘devouring tea-cakes with the serious resolution of a convalescent’ (*Greenmantle*, 25). This is after Buchan has bolstered his own self-respect vicariously through Hannay, who is relieved that if Blenkiron, ‘a sedentary dyspeptic could show that kind of nerve, [h]e wasn’t going to be behind him’ (*Greenmantle*, 25) in taking risks. Notwithstanding his chronic illness, Buchan deeply regretted his rejection by the army for active warfare. Yet, acutely aware that he ‘had few of the hardships of the actual trenches’, ‘[t]he battle of the Somme was one long nightmare, when ill weather and fatigue had to be endured by a body which was nearly always in pain and steadily declining in strength’ (*Memory-Hold-the Door* 1940, 131). In keeping with Buchan’s own hospitable manners, when it is Blenkiron’s turn to play host to

Hannay, Sandy and South African Peter Pienaar in Constantinople, he ensures that his diet does not affect theirs by serving them ‘a couple of Strasburg pies, a cheese, a cold chicken, a loaf, and three bottles of champagne’ (*Greenmantle*, 136). In keeping with the drinking habits of upper-class Edwardians at this time, this would have been a bottle for each of his friends since alcohol would not have been part of Blenkiron’s diet. Buchan’s eternal optimism can later be seen in the most tense part of the novel, in describing Blenkiron’s ‘one great comfort’, since ‘his dyspepsia was gone’ (*Greenmantle*, 231),

New Short-Circuiting Operation

When Buchan finally came home, he underwent in early 1917 a ‘short-circuiting’ operation, which was a ‘new and comparatively hazardous surgery’, all performed at his home in Portland Place in two hours ‘by Mr Lockhart-Mummery at the end of February’ (Adam Smith 1965, 199). John Percy Lockhart-Mummery (1875-1957), who had won the Thompson gold medal in his clinical training at St George’s Hospital London, had become the senior surgeon in 1913 at St Mark’s Hospital in Harrow (Anonymous Obituary *BMJ* 1957, 1066), so Buchan was in the safest of surgical hands and received the best contemporary surgical treatment possible.

A medical article in 1962, based on research at Los Angeles Country Hospital, reports the effectiveness of short-circuiting the small intestine on ‘excessively obese’ patients, as it ‘resulted in weight reduction with ultimate stabilization of weight at normal levels in some cases’ (Lewis et al 1962, 77). It later observes that ‘2 to 3 years’ later, when patients ‘were on freely chosen diets’, ‘their weights’ did not return to obesity levels, but ‘stabilized at levels approximately 90 lb (40.9 kg) below the pre-operative level’ and ‘eating large amounts of fat caused diarrhea’ (Lewis et al 1962, 78), thereby ridding the body of much of what it had consumed. Since Buchan was always thin, the conclusion to be drawn is surely that this operation, for him, quite possibly exacerbated his gastric problems in the long term and weakened him generally, as his diet contained a fair amount of fat and cholesterol and virtually no carbohydrates or fibre. Certainly, as he grew older, he grew thinner and thinner. Marshall and Warren’s medical breakthrough in 2005 actually questions this kind of surgery for ulcers for its possibly debilitating effect on patients like Buchan.

Nonetheless, always ready for excitement and forever trying to be optimistic, Buchan said to his wife: “‘I like operations. Surgeons do something to you that is some use; medicines are no good’”, but he ignored the medical advice and need for ‘a long convalescence’, and worked in bed, ‘doing a full day’s work’ once he had moved to Checkendon ‘to recuperate’ (Adam Smith 1965, 199). Now ‘in charge of the Department of Information’, Buchan had ‘the responsibility for coordinating all foreign propaganda’ (Lownie 2022, 128). Essentially, he ‘directed the Department of Information from his bed’, Roderick Jones, a colleague, commenting that he believed that Buchan ‘paid dearly for it in the end’ (U. Buchan 2020, 196).

Two months later, on 9 April 1917, Buchan had a telegram telling him that his youngest brother Alastair, at 20 years of age, had been killed in France, followed by a telegram telling him that his close friend Tommy Nelson, too, had been killed in the same battle. Another two days later and another telegram told him that yet another close friend, Robbie Macmillan, had

been ‘killed in action’, causing Lownie to observe that, ‘[i]n the space of a few days he had lost a brother, his best friend and a possible brother-in-law’, for Robbie Macmillan had been friends with both his brother Walter and his sister Anna, who subsequently remained single (Lownie 2002, 133). Unsurprisingly, Lownie says, ‘[t]hese deaths had a deep and lasting effect on Buchan’ (Lownie 2002, 133).

In 1918, Buchan still had ‘bouts of illness’ (Adam Smith 1965, 226) after his short circuit operation, ending ‘the war an exhausted man’ and having to retire ‘to bed for several weeks’, for ‘he had worked fourteen-hour days’ at the Department of Information, and ‘was physically and mentally drained’, having lost so many people close to him (Lownie 2002, 145). Lownie marvels at Buchan’s ‘prodigious output’, since his duodenal ulcer continued to be painful, ‘and in 1921 he saw Sir Berkeley Moynihan (1865-1936), a surgeon of clinical medicine, at his Leeds clinic “to be thoroughly vetted—with some idea of a new operation”’ (Lownie 2002, 151), There is no more mention of this by any of his biographers, so presumably it did not go ahead. Smoking now forbidden, Buchan’s diet ‘largely consisted of steamed fish, milk and eggs, with perhaps a small sherry or whisky’ (Lownie 2002, 151). Adam Smith refers to a meal, when every one else has lovely food while he has a ‘poached egg’ (Adam Smith 1965, 227), as Buchan had earlier described in *Greenmantle*. It is around this time that Charles Horace Mayo (1865-1939) explains that ‘free acid is the activating agent’ and this can be neutralised with food like ‘milk and cream’, for this ‘has a fairly high percentage of fat which delays digestion’, and it is during the period ‘given to alkalies’ that ‘the procedure is carried on while the patient is awake and in bed, while the symptoms are acute’ (Mayo 1921, 330). Mayo’s final statement is that ‘the surgical treatment of ulcer’ is the best means for ‘permanently overcoming delay or obstruction and lowering the acidity with the patient’s own alkalies’ (Mayo 1921, 336).

In 1918 Buchan wrote the third novel in the Hannay series, *Mr Standfast*, published in 1919, and took refuge in his characters’ problems. He found consolation in their courage, entirely created by his own imagination, amid their exciting fictional lives during the First World War. Trains, cars and planes once again feature in races and chases across country and countries. Buchan, through Hannay, revels in South African bomber pilot Peter Pienaar’s bravery. After being shot down, Pienaar’s left leg ‘would never be much use again’ (*Mr Standfast*, 17), although this did not stop him flying, and being killed. Pienaar, presumably, was loosely based on Buchan’s friend Auberon Thomas Herbert (1876-1916), who had had a leg ‘amputated below the knee’ (*Memory-Hold-the-Door* 1940, 56) in the Boer War and lost his life in the First World War, along with other friends of his. Pienaar’s letters make Hannay ‘both ashamed and happy’ for, armed with his own copy of *Pilgrim’s Progress* (Buchan’s favourite reading material and moral and ethical standby), Pienaar was ‘like an early Christian martyr’, with ‘never a word of complaint’ (*Mr Standfast*, 17).

Likewise, Hannay thought of other friends struggling with their own problems in various corners of the earth, including ‘old Blenkiron groaning with dyspepsia somewhere in America’, and he marvelled at how ‘they were the kind of fellows who did their jobs without complaining’ (*Mr Standfast*, 18). Buchan describes Hannay’s next encounter with Blenkiron, ‘no longer stout’, and, ‘in place of his former pasty colour his complexion had the clear glow of health’ (*Mr Standfast*, 38). Then Buchan has Blenkiron describe in his own inimitable way the short-circuiting surgery a year ago that he himself had undergone. Blenkiron admits that,

prior to the surgery, he ‘could have paid a man to put a bullet through [his] head’, so he went ahead and his American surgeons ‘sidetracked’ his duodenum ‘and made a noo route for [his] noo-trition traffic’, calling it ‘the cunniest piece of surgery’, while confessing its huge expense, as he ‘took some trouble to be a very rich man last year’ (*Mr Standfast*, 40). Yet, as Buchan joked to his wife about his ulcer, ‘I don’t think Blenkiron’s was as troublesome, do you?’ (Adam Smith 1965, 199). Unfortunately, too, the short-circuiting surgery did not eradicate Buchan’s gastric problem.

In light of the 1962 medical research on obesity at Los Angeles, outlined above, Buchan’s increasing health problems may have been exacerbated by the short-circuiting surgery, two years previously. Much more recently and specifically, Marshall observed this problem, too, in his observation that ‘10% of patients treated with surgery became “gastric cripples”, unable to enjoy food for the rest of their lives, with chronic gastrointestinal symptoms and difficulty maintaining normal body weight’ (Marshall 2005, 252).

Post-War Dismissal of Psychological Origin of Ulcer

Nor had Buchan’s daily thirty-mile walks at Elsfield, Oxford, where he now lived with his wife and family (U. Buchan 2020, 234), returned him to good health, as he was ill every 3 to 4 months (Adam Smith 1965, 226). Possibly because of his wife’s life-long problems with depression and possibly because of his own growing self-doubt about the origins of his disease, Buchan saw a psychiatrist, Dr Marten (dates unknown), at Freiburg in Breisgau in the Black Forest. Dr Marten specialised in discovering if there were psychological influences on physical ailments (Adam Smith 1965, 226), but he concluded: “”Never in my experience have I met anybody less frustrated or less crippled by inhibitions. He is free from neuroses. His trouble must be wholly of physical origin”” (Lownie, 2022, 151). Buchan’s four-week stay in the Black Forest may not have shed further light on his illness, but it did inspire his short story, ‘The Loathly Opposite’, published in his collection, *The Runagates Club* (1927).

In this story, Buchan blurs the lines between the possibility of physical illnesses having a psychological cause for some people and not having any psychological impetus for others. He also reveals his innermost feelings about his illness. By adopting the character of Pugh, who recalls the earlier war period, Buchan is able to describe his symptoms in the first person. ‘As you know’, Pugh tells his friend Burminster, ‘for a year or two after the Armistice I was a pretty sick man’, as ‘[m]y digestion went nobly to pieces, and I endured a miserable space of lying in bed and living on milk and olive-oil’ (‘The Loathly Opposite’, 614). He continues bitterly that ‘every leech had a different regime to advise’ but, despite trying them all, including ‘dry meals, a (‘The Loathly Opposite’, 614) snack every two hours, lemon juice, sour milk, starvation, knocking off tobacco—but nothing got me more than half-way out of the trough’ (‘The Loathly Opposite’, 615). Pugh relates that ‘[m]ore than one doctor advised an operation, but I was chary about that, for I had seen several of my friends operated on for the same mischief and left as sick as before’ (‘The Loathly Opposite’, 615). He praises the German doctor in the Sâchischen Sweitz national park of Germany, who gave him ‘more internal comfort that [he] had known for years’ through ‘his deep massage and a few simple drugs’ (‘The Loathly Opposite’, 617), and encouraged him ‘to take long walks’ and later ‘to go out roebuck-shooting with some of the local junkers’ (‘The Loathly Opposite’, 617).

Buchan's hopeful outlook—and also his vanity—can be seen in one of the junkers being politely sceptical that Pugh was ill, as '[h]e was not prepared to regard as an invalid a man who went down hill like an avalanche' ('The Loathly Opposite', 618). Buchan's story once again illustrates his suitability for being Director of Information and Propaganda, as he gives his fictional doctor German nationality, and even irritable Channell pronounces him 'a good man' ('The Loathly Opposite', 615) for a German' ('The Loathly Opposite', 616). The great twist in the tale, however, must be preserved for readers sufficiently curious to read this intriguing short story for themselves. Buchan was well aware of how important forgiveness is for the former enemy, but not necessarily forgetfulness, after a war.

Post-War Career and Honours Disappointment

For Buchan life, after his spell in the Black Forest, continued at his usual hectic pace and his gastric symptoms returned. In 1928, he campaigned vigorously for one of the Scottish universities' seats, ignoring a new ulcer after a short time in bed, and giving eighteen speeches up and down Scotland in ten days, and finally topping the poll (Adam Smith 1965, 313). The following year, 1929, was even more difficult, with Buchan electioneering on behalf of others for the General Election, until he had to take to his bed, where he wrote the ironically titled *Castle Gay* (U. Buchan 2020, 281). Buchan's fear of being 'a miserable public speaker' is injected into the plot of *Castle Gay* by endowing this to his newspaper tycoon Thomas Carlyle (*Castle Gay*, 26). He ruminates, too, through the interior monologue of Thomas Carlyle, on his own feelings of being 'lukewarm about a ministerial career', feeling that '[h]is true weapon', really, 'is the pen, not the tongue', and that this may be because his 'father and mother have combined to give him a serious view of life' (*Castle Gay*, 26). Buchan was passed over for many political jobs because of his chronic illness, so he wrote for many print outlets to ensure his family's financial security. After the war Buchan had tried to use his social connections to be awarded 'some form of honour' for 'his war work' (Lownie 2002, 145). In Kailyard fashion, 'his mother's persistent badgering of him' (U. Buchan 2019, 224) encouraged his tenacity to the point of admitting to Lord Beaverbrook 'that his mother was "desperately anxious for something of the kind..."' (U. Buchan 2019, 225). Buchan was bitterly disappointed when a KCMG and a KBE were denied him, seeing this as a kind of injustice, perhaps along intersectional lines, given his modest background. From the Government's perspective, propaganda work was awkward to recognise publicly, partly because of 'Buchan's [ambivalent] status' during war-time, and also because there were deemed to be other men more deserving (Lownie 2002, 145). Although there were periods of remission in his illness, Buchan became ill once more and 'was ordered to bed again', then 'told to cancel all engagements till the autumn', and '[i]n November he resigned his directorship of Nelson's' (Adam Smith 1965, 314) publishers. He 'even cut back his journalism' (Lownie 2022, 212).

Contemporary Medical Opinions on Treatment of Ulcers

There were various medical opinions around this time on the treatment of ulcers. The following, I believe, help us to understand the medical context and knowledge within which Buchan was living—and working—with his ulcer. Australian Thomas Peel Dunhill (1876-

1957), Assistant Director at the Surgical Professorial Unit in London's St Bartholomew's hospital and a pioneer thyroid surgeon, stated that surgery should be carried out 'when the patient, in spite of efficient medical treatment, suffers so much pain or inconvenience that work cannot be carried on, sleep is interfered with, and life becomes a burden' (1925, 1069-1070). The medical opinions at the 1926 Symposium of Duodenal Ulcer in Canada, where Buchan was to end his life, demonstrate that it had the latest research and techniques available to him. Both the diagnosis and recommended treatment of an ulcer, suggests W. H. Dickson (dates unknown), of Toronto General Hospital, could be made by a radiologist. Although '[r]adiology has its chief value in the diagnosis of a legion', it could possibly be 'of value as an aid in the treatment', for 'in every case when the ulcer is demonstrated, we also have evidence pointing to what probably will be the best method of treatment for that individual case' (Dickson 1926, 1058). Physician Herbert C. Moffitt (1867-1950) warned that some people 'for unknown reasons keep developing new ulcers even after gastroenterostomy, pyloroplasty or more radical surgical procedures' (Moffitt, 1926, 1047). Surgeon Frederick Newton Gisborne Starr (1867-1934), who died before Buchan moved to Canada, but would have left his research and best practice available for his successors, stated that 'in operation for duodenal ulcer, [he] always inspect[s] the appendix' (Starr 1926, 1051). In addition to excising 'the whole ulcer bearing area', he 'then inspects the posterior wall to make sure one is not dealing with a kissing ulcer' (Starr 1926, 1052). A kissing ulcer is when one ulcer spreads the infection to the opposite skin, which presumably increases the chance of patients having new ulcers after surgery, which was Moffitt's post-operative warning. In 1930, Moynihan, whom Buchan had consulted concerning the possibility of a second operation, which did not go ahead, decried the poor medical and surgical progress so far gained in the treatment of duodenal and gastric ulcers. He lamented the apparent possibility of 'an old ulcer' having a 'revival of activity', or 'a new ulcer' after treatment, and he deplored as 'excessive', on seeing the report in the "Collective Investigation", that '[t]he mortality of operations' remains at '5 per cent', since this 'does not represent the standard of modern practice in competent hands', as it 'indicates less than adequate preparation of the patient for operation, needless prolixity or exposure during operation, or insufficient care afterwards' (Moynihan 1930, 40).

Seeking Alternative Medical Opinion

When Buchan was considering the offer to become Governor-General of Canada in 1935, he felt uneasy because of his health and hesitated before accepting. Feeling 'rather seedy' from the start of the year, he took up his mother-in-law's suggestion of seeing Hungarian Dr János Plesch (1878-1957), 'a close friend of Albert Einstein' (1879-1955) and married to 'a champagne heiress' with their home in Park Lane, 'from where he dispensed medical advice', despite, according to Lownie, having 'no medical qualifications' (2002, 245). This is not accurate. Buchan even submitted to having 'inoculations from a nurse at 8.30 each morning' (Lownie 2002, 245), such was his desperation to find some kind of cure or at least relief from his debilitating symptoms. Dr Plesch was Hungarian and Jewish, having left Germany because of Hitler and the Nazis. He was an academic pathologist, physiologist and physician, and was internationally known for his clinical research on blood circulation (Anonymous, Accessed 2022, *Talk*).

Referred to by '[t]he conventional medical establishment in Berlin', who were 'outraged' by his being Einstein's doctor, 'as a fashionable charlatan', Plesch *was* medically qualified (Anonymous 2004, *Harvard Magazine*; Plesch 1947, 31; 34; 36). Not only had he trained as a doctor in Budapest for 5 years from the age of 16, but he had also had to *retrain* at St George's Hospital Medical School, London, when he took his wife and three children to England in 1934 and *had* to complete his M.D. by taking the English medical examinations (Plesch 1947, 404; 408). Plesch, who was unconventional, also had very strong views on treating intestinal diseases, particularly with regards to diet. Milk was strongly advised by several doctors to form an integral part of Buchan's diet. Plesch, however, believed that milk, for adults and children beyond suckling infants, should '*not* [be] drunk straight off like water' and that it was 'a greatly over-estimated food', for '[f]ood must have a certain bulk and contain matter which affects the intestines merely as a mechanical stimulant, which cannot be broken up, which remains behind after the process of digestion as slack, and which forms the main bulk of the evacuation' (Plesch 1947, 471). He recommended 'a mixed diet' of 'animal substances, together with 'a vegetarian form of feeding' and fruit as 'the best form of feeding' (Plesch 1947, 472). He would therefore have strongly approved of the modern medical emphasis on fibre for healthy eating. Plesch, a physician, disapproved of surgery. He said it 'is a very much over-rated branch of medical science', as '[i]t tends to leave the ideal path of medical effort rather than keep to it'; nor is it 'sufficiently conservative in the true sense', since '[t]he highest task of medicine is to keep the body in its natural shape and to natural functions, and not mutilate it as surgery does' (Plesch 1947, 516). Plesch, whom Einstein's biographers believed to be rather a 'crank', was, according to the *Harvard Magazine* of January-February 2004, 'a genuine researcher as well as a boulevardier and dandy with a love of the good life' (*Harvard Magazine* 2004, online). For Buchan, Plesch provided yet another approach for helping him cope with his debilitating symptoms, but he did not cure them.

Buchan's First Year as Governor-General of Canada

Buchan's first hectic year of being Governor-General of Canada and now known as Lord Tweedsmuir, was not an easy one, not only because of his illness. On the insistence of King George V, 'adamant that his representative must be a peer' (Lownie 2002, 246), Buchan was now a member of the highest aristocratic social order outside the monarchy, but he still had his duodenal ulcer. His strong sense of duty tried to put his illness to one side. Susie, now known as Lady Tweedsmuir, worried about her husband's appointment as he was 'horribly thin' (Adam Smith 1965, 370). The death of George V on 20 January 1936 set in train political complications, ending the year in early December with the Abdication of Edward VII. Between January and December 1936 were a series of difficulties and trials, both private and public for Buchan. Susie's depression returned with force, as she missed her children in Canada, made worse by having constantly to wear black in the wake of George V's death (U. Buchan 2020, 329-333). In February Buchan 'visited the gold-mines of Northern Ontario' and Susie joined him 'for a week in the eastern townships of Quebec, where he delivered thirty-two speeches in English and seventeen in French' (Lownie 2002, 254), although he did have some time for fishing which he loved. In April, Buchan's eldest son Johnnie arrived in Canada from Africa, where he had nearly died after contracting 'amoebic dysentery', and his youngest son Alastair 'was showing signs, too, of teenage rebellion' at Eton (Lownie 2002, 248). Buchan 'had all his teeth removed in the hope that somehow that might help his gastric trouble', and he was irritable because of his digestive condition (Lownie 2002, 248).

The Buchan family took a cruise with Susie's mother in June, and Susie herself felt better, but Buchan felt 'very seedy' (U. Buchan 2020, 334), and Susie was so concerned at the Governor-General's summer residence that she sent for Dr Jonathan Campbell Meakins (1882-1959), 'Professor of Medicine at the McGill Medical School' in Montreal (U. Buchan 2020, 335). Buchan once again had immediate access to the best medical advice at that time. Meakins, during his career, published over 160 works, including the medical textbook *The Practice of Medicine*, and was inducted posthumously into the Canadian Medical Hall of Fame in 2011. A mere two years after Buchan's death, Meakins regretted that, in medical science, 'biochemical and biophysical methods and outlook have tended to usurp' the first two emphases in medicine, that of careful 'physical examination, particularly in regard to the correlation of signs' and symptoms, and that of 'pathological and bacteriological' causes of illness (Meakins 1942, 449). The discovery in 1984 by Marshall and Warren of the bacterium *Helicobacter Pylori*, had Meakins' advice been heeded, might possibly have resulted in a cure for ulcers much, much earlier.

After Buchan had another attack and been sent to the Royal Victoria Hospital in Montreal 'for extensive tests', Meakins 'gave him a dietary regime from which he was not allowed to depart', and he was made 'to rest after meals, lying on his left side, something he did conscientiously for the rest of his life' (U. Buchan 2020, 335). Interestingly, this is *similar* to Buchan's mention of his fictional American Blenkiron in *Greenmantle* lying on his back, in accordance with new medical advice. Meakins was 'one of the greatest doctors on the American Continent', and he 'gave him a clean bill for heart, lungs, circulation and blood' (Adam Smith 1965, 436).

Adam Smith said that '[t]he standby of Buchan's diet was poached egg and oysters' (Adam Smith 1965, 436). Buchan later told his mother that, during his time in hospital, he 'was X-rayed at least forty times in every conceivable attitude', and 'his stomach was drained and then by artificially inflating it with a pump it was discovered that 'the trouble came from a thickening of the mucous membrane—a functional and not an organic mischief' (Lownie 2002, 255). Like others, Lownie speculates that '[a] possible element in Buchan's ill health was his increasing concern about both his wife and children', and then proceeds to catalogue problems involving various family members (Lownie 2002, 255). President Roosevelt's visit between July and August of 1936 had to go ahead, but Buchan postponed his trip to the Maritime Provinces, while Susie went to England with their youngest son Alastair about to 'take up a place at Christ Church, Oxford', and she also travelled to look after their son William who had had a serious operation; their son Johnnie was also not well, but Buchan remained in Edmonton (U. Buchan 2020, 342). The Abdication crisis, which had been brewing for most of 1936, capped the year (U. Buchan 2020, 349). Now Lord Tweedsmuir and representing the King as Governor-General of Canada, Buchan was not permitted to write commercially.

Juggling Duties with Increasing Gastric Symptoms

Buchan's stoicism and dedication to professional duty in the midst of increasing pain and discomfort can be seen in the following itinerary during 1937, and in his heartfelt admission to a complete stranger. Still apart from his family, Buchan visited the Northwest Territories, and was rebuked by a letter from Susie for climbing difficult Bear Rock at Fort Newman (U. Buchan 2020, 357). When Inuit-speaking and Scottish-born missionary Archibald Fleming (1883-1953), known as Archibald the Arctic, the first Bishop of the region (1933-1949), had

expressed his admiration for Buchan, the Governor-General replied: ‘Bishop, there is one thing I covet more than success and that you seem to possess—good health’ (U. Buchan 2020, 358). After another tiring trip, accompanied this time by Susie and Alastair, to ‘an area of extreme remote wilderness to establish a reserve – Tweedsmuir Park’, where Buchan was ‘made Chief of the Big Mountain’ (U. Buchan 2020, 358), Buchan became ill again and his strength did not return until he went to a clinic in Wales during the following summer.

He remained, however, the perfect host. Adam Smith quotes G.V. Ferguson, editor-in-chief of the *Montreal Star*, then senior editor of the Winnipeg Free Press, recalling a visit to Buchan, when he drank ‘a Scotch and soda’ and Buchan ‘mixed himself a stiff bicarbonate of soda’, adding that ‘a most convivial time was had’ (Adam Smith 1965, 390). In the spring, Buchan met with Roosevelt in Washington ‘to soften him up about helping Britain in the war’, although ‘it was at a personal price’, for, on returning to Ottawa, ‘Prime Minister Mackenzie King visited him late Sunday afternoon, April 4th’, finding ‘him resting in bed and “looking quite frail” to discuss ‘Roosevelt’s proposal for a world conference to be held in Geneva’ (Galbraith 2013, 175). All throughout 1937 Buchan’s health was bad. In November he told his brother Walter in a letter of an additional diagnosis, which concerned the ‘trouble of wind [which] all began after my teeth were pulled’ (in Lownie 2002, 267). Buchan’s mother’s death at 80 years of age, Lownie believes, ‘further weakened [his] already poor constitution and he was forced to spend several afternoons in bed resting’ (Lownie 2002, 268). He was only to live for another two years.

Chronic Gastritis, Duties, Brief Respite

The following year, 1938, was no better at first, as ‘[h]e continued to be plagued by ill health with recurrent bouts of nausea and chronic gastritis’, for which Dr Meakins, Buchan told his son Johnnie, gave him ‘a powdered extract of liver, which is perfectly beastly to take’ (in Lownie 2002, 269). On 7 May, Buchan weighed ‘8 stone 4 pounds, his lowest as an adult’ (U. Buchan 2020, 374). He was also writing his final novel, *Sick Heart River*, to be published posthumously in 1941. He had already told a friend Violet Markham, that he was going ‘to kill off’ the lawyer Sir Edward Leithen, as he was ‘getting bored with [him]’ (U. Buchan 2020, 380). Lilian Killick, Buchan’s secretary who had accompanied the family to Canada, told Susie that her husband was “writing a very odd book” that was “so unlike him, so introspective” (in Adam Smith 1965, 463). The tenor of the novel and Leithen’s symptoms sound alarm bells when thinking of Buchan himself. This was especially as ‘[i]t had always been assumed that the fictitious character most resembling Buchan himself is Leithen’, and the fact that, since the death of his mother, who had made her ‘kailyardie’ ambitions for her son all too evident, Buchan realised ‘[t]he emptiness of success’ and the unlikelihood of his health allowing him ‘to continue to serve in government at the highest level’ (Lownie 2022, 286). Leithen’s ‘meals became a farce’ (*Sick Heart River*, 15), yet ‘he drove himself to take exercise, but now a walk around the Park exhausted’ him (*Sick Heart River*, 16), and ‘his shrunken body’ (*Sick Heart River*, 20). Leithen, knowing he is dying, strives to ease his mind by helping to find Francis Galliard, whose illness is depression, only more extreme than that suffered by Buchan’s wife Susie. Once again, Leithen’s physical symptoms eerily resemble Buchan’s. On finding Galliard in a very sorry state, Leithen struggles to help, and ‘[t]he

unaccustomed bending in his handling of Galliard had given him a pain in his back, and the smell of the retched brandy and milk sickened him' (*Sick Heart River*, 81).

Leithen later catches a fever and is rescued by Lew Frizel, who quickly puts Leithen right when the latter believes that Sick Heart River, which he has reached, is 'The River of the Water of Life as in Revelation' (*Sick Heart River*, 103). Instead, Lew says, it is 'The River of Death', and '[t]he Indians know that and they only come here to die' (*Sick Heart River*, 103). He explains that Leithen has caught 'what the Hares call tfitsiki, and white folk TB' (*Sick Heart River*, 103). 'There's no life here', continues Lew, '[n]ot a bird or a beast, not a squirrel in the woods, not a rabbit in the grass, let alone bear or deer' (*Sick Heart River*, 104). Lew refuses to leave him there to die, and takes him up to the snow, with the help of a Hare Indian, and nurses him until he is free from TB. Leithen, once recovered, leads others to help the local priest save the Hares and, before he dies from his own chronic illness, he 'restored a degenerating tribe to something like health', for 'he made them want to live instead of being resigned to die' (*Sick Heart River*, 167). The *Sick Heart River*, according to Galbraith, was based on Buchan's horrified view of Aklavik in the North of Canada, because of its propensity to flood. As Buchan described it in the London *Sunday Times* in 1937, it had 'too much coarse vegetation, an infinity of mud, and everywhere a superfluity of obscene' insects (in Galbraith 2013, 319), and 'the most sinister place I have ever seen' (in Galbraith 2013, 320). The book itself, though, is all the more sinister and moving when we know just how much Buchan must have suffered from gastric pain, and yet he continued with his duties as best he could and according to his own strong code of ethics. This book gives us a close look at Buchan's own views on the need to keep contributing to society, even when constantly suffering from pain. The spiritual aspects, derived both from nature and from dedication to service, as well as belief in God, sum up this extraordinary final novel of Buchan's.

In the middle of 1938, Buchan spent 3 months in England 'to be installed as Chancellor of Edinburgh University', 'to see his doctor, Lord Dawson of Penn', to meet 'with the Prime Minister and members of the Cabinet' and, '[t]owards the end of July', to be 'checked in to Sir Edmund Spriggs's clinic at Ruthin Castle in North Wales for a month' (Lownie 2002, 270). Sir Edmund Ivens Spriggs (1871-1949) was a British physician and medical researcher for gastric and intestinal disorders, publishing seventeen papers, including one on the examination of the stomach with X-rays (Anonymous, Accessed 2022, *Talk*). Buchan, once more, was receiving the best of medical care at that time. After visiting her husband early in his castle stay, Susie wrote to Alastair, saying: 'Daddy is looking so wonderfully well. He has put on two and a half pounds, and has much more colour. He has lost that slightly yellow, rather anaemic look', while 'his lips have got colour now, which they have not had for ages' (in Lownie 2002, 270). Buchan's 'appointment with Dr Lord Dawson resulted in a prescription to spend' more than a month at the clinic, so leave from Canada had to be extended, as was his stay at Ruthin Castle' (Galbraith 2013, 148). On leaving Britain, Buchan 'had gained sixteen pounds and was experiencing much less in the way of gastric problems' (Galbraith 2013, 149).

Back in Canada Back to Work, Second World War

By early 1939, Buchan weighed nine stone, having reduced his smoking to 6 cigarettes a day, and cut out alcohol entirely (Lownie 2002, 272). By June, though, of 1939, Buchan 'was

saying sadly that ‘I do everything I did at Ruthin and yet it doesn’t seem to have the effect of Ruthin’” (Adam Smith 1965, 461). ‘Under the strains of war’, writes Lownie, his ‘health began to deteriorate’, while his food was being ‘carefully weighed and he returned to New York for treatment in mid-November’ (Lownie 2002, 278). This included a medical appointment at the Rockefeller Medical Centre with its assistant director Dr Harry M. Miller Jr. (1895-1980), who ‘found that his blood-pressure was very low’, and ‘pronounced his gastritis “serious but not dangerous”, and ordered him to take one day a week in bed’ (Adam Smith 1965, 461). Buchan suffered from headaches and poor sight, but ‘[t]hose round him hardly realised at the time how ill he was: ‘I never heard him complain’, said David Walker, who joined his staff in 1938, “about his discomfort or the slops he had to eat”’ (Adam Smith 1965, 461). Having rejected the offer to complete ‘another term of office as Governor-General’, Buchan seemed to recover some of his energy, even hoping ‘that when he returned to Britain there might be a new official role for him, perhaps to do with propaganda’ (Lownie 2002, 279). This did not happen but, partly through Buchan’s intercession even in the midst of pain, a plan for Canada to conduct an air-training programme for the Second World War did eventuate. Once again, Mackenzie King, anxious to get ‘the agreement signed before morning’, decided to go ‘off to Rideau Hall, where he found [Buchan] in bed, “propped on his pillows looking pretty frail”’ (Galbraith 2013, 249) but still assiduously attending to his duties.

Race Over Race Lost

At the end of January in 1940, Buchan wrote to his eldest son Johnnie: “I think my own health is a little better, and I am putting on a certain amount of weight. It is a slow business, but I have little to complain of, compared with many people” (Lownie 2002, 279). The next day, he had a fall during his morning bath, when he ‘slipped and struck the back of his head on the side of the bath’, remaining ‘undiscovered, bloody and unconscious’ for an hour, as ‘a clot had formed on his brain due to low blood pressure’ (Lownie 2002, 279). When ‘found, [Buchan] immediately underwent emergency surgery in Government House’, regaining consciousness and the use of his paralysed arm’ less than a day later and ‘able to talk to family and friends’, but suffering a secondary development of pressure’ (Lownie 2002, 279). On 8th February at 6pm Sir Shuldham Redfern (1895-1985), Secretary to the Governor-General of Canada (1935-1945), sent a ciphered telegram to Sir Alexander Hardinge (1894-1960), Private Secretary to the King: ““Governor-General’s condition very serious. His doctors do not expect him to last more than a few hours”” (Lownie 2002, 280).

The following day at Government House, however, Dr Wilder Graves Penfield (1891-1976), a world-famous American-Canadian neurosurgeon, and neurosurgeon Dr William V. Cone (1897-1957) drilled a hole into Buchan’s skull, in ‘an emergency trepanning’ surgery (Lownie 2002, 280). Dr Penfield was renowned for expanding ‘brain surgery’s methods and techniques’, (Anonymous 2002, *Talk*), while Dr Cone’s ‘accomplishments, inventions, and examples as teacher and physician have become part of neurosurgery’s collective legacy’ (Preul et al 1993, 619). Buchan could not have had more able surgeons at that time. Assisting these neurosurgeons were Buchan’s ‘personal physician, Dr Gordon Gunn, and Dr Jonathan Meakins’, who had ‘driven in a snow storm from Montreal’ (Lownie 2002, 280). The channel cut in the skull had drained the excess fluid ‘to relieve pressure on’ Buchan’s brain (Lownie 2002, 280). In the afternoon of the same day ‘a special train took Buchan to the Neurological

Institute in Montreal where a second cranial operation was performed that evening' (Lownie 2002, 280). According to Ursula Buchan, the surgeons did in fact perform 'two subtemporal decompression operations' (U. Buchan 2020, 396).

Another 6pm cable from Redfern to Hardinge that day said: "'Condition of Gov-Gen substantially unchanged although there is slight movement of extremities this morning after paralysis had become general yesterday. Head operation being performed now to relieve pressure if any. Heart strong. Temperature normal'" (Lownie 2002, 280). The following day, Redfern's cable to Hardinge described 'a slight improvement in Buchan's condition', with 'a chance of recovery' (Lownie 2002, 280). The next day, Sunday, 'a third operation, lasting 4 hours, took place with blood donated by Alastair (Buchan's eldest son), a McGill medical student and a Montreal policeman' (Lownie 2002, 280). The doctors were now hopeful that Buchan would pull through, but '[t]hen came the embolism from an unsuspected source and with it a sudden end to it all' (Lownie 2002, 280). At 64 years of age, Buchan's race through life was over. His enemy illness had won.

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