Coronary Heart Disease and the Ischemic Demise of a Beloved Fictional Hero: Hercule Poirot of Agatha Christie Fame

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The most likely cause of death of Hercule Poirot, the fictional Belgian detective created by Agatha Christie, was advanced coronary heart disease due to several cardiovascular risk factors. To investigate this hypothesis, the authors scrutinized all Agatha Christie books which included Poirot as their main character and examined his lifestyle and physical symptoms. Although the English writer was likely unaware of the now well-known links between Poirot’s lifestyle and his exitus, considering the predominant therapeutic options for cardiovascular disease when the books were written and comparing them with Poirot’s life, the authors were able to establish the severity and progression of his illness. Agatha Christie’s novels also provide some unexpected information on knowledge regarding cardiovascular diseases in the twentieth century. (Am J Cardiol 2018;121:273–274)

Nonmedical sources, such as music, fine arts, and literature, may provide us with useful information on the state of medical knowledge in times past, especially as conveyed by and to non-physicians. These sources afford historians and clinicians a greater understanding of how some diseases were generally treated in that period and how various conditions were considered by earlier populations. Some scholars have recently investigated the health conditions and lifestyle of fictional crime-fighting heroes. Our paper adds to this body of knowledge by analyzing the lifestyle habits of Hercule Poirot, the Belgian investigator who is the main character of several Agatha Christie (1890–1976) novels. As described in his last book Curtain: the Last Case of Hercule Poirot, the private detective died from a heart attack. In the novels, the descriptions of Poirot’s health conditions appear to be quite reminiscent of clinical features of typical angina patients, as originally described by William Heberden (1710–1801) at the end of the 18th century; and as such, we may hypothesize that Poirot suffered from coronary heart disease (CHD). To demonstrate this hypothesis, using the same logical and deductive method (“little grey cells”) used by Poirot, we analyzed the crime scene of his death, considering Poirot’s cardiovascular risk factors and how they might have influenced his life as described over time. We also considered the treatment protocols Poirot received from his cardiologist.

Hercule Poirot’s cardiovascular risk factors: According to the literature, Hercule Poirot was hardly more than 5 feet 4 inches, overweight, and rather aged (Hercule Poirot’s Christmas, 1938). Regarding his health-care habits, at the beginning of his career (in 1916 as described in The Mysterious Affair at Styles [1920]), Poirot was already described as slightly limping, and was physically disabled at the end of his life. Even if the use of a wheelchair in later life was more an investigational strategy than a clinical need, it is certain that he had not moved for a long time, regardless of the actual reason of this inactivity. Although there are few detailed descriptions of his daily activity, based on what was described of his character, lifestyle, and physical ailments, the authors suspect that he opted for a genuinely sedentary lifestyle. This is documented by the fact that during the cases described in the latter aspects of his career, beginning with Three Act Tragedy (1934), Poirot spent much of the first third of the novel on the periphery of events. In following novels (such as After the Funeral, 1953) he was mentioned even less, frequently delegating his main interviewing duties to a subsidiary character. His risk of karoshi (death due to overwork) was clearly low.

In addition to general inactivity, we also learn that Poirot was a well-known lover of “tiny Russian cigarettes,” even though self-described as only an occasional smoker. In the literature it is not uncommon to find Poirot borrowing and accepting cigarettes from other characters he encounters; no matter where and when. Still, it is in his culinary habits that Poirot erred, indeed, once admitting that “At my age the chief pleasure, almost the only pleasure that still remains, is the pleasure of the table. Mercifully I have an excellent stomach” (After the Funeral) and that it is “a pity that I can’t have more than three meals a day!” (Mrs McGinty’s Dead, 1952). Although exploring Poirot’s diet item by item initially seemed appetizing, for the sake of brevity we limited ourselves to some of the more delicious meals he encountered. For example: “Order and method are my gods. For my breakfast, I have only toast, which is cut into neat little squares. The eggs—there must be two—they must be identical in size” (A Letter From “Hercule Poirot” to Agatha Christie’s American Publishers, 1936); Snack with a whole jar of jam (The Murder of Roger Akroyd, 1926); Lunch was a rare steak and a...
homemade apple-cake (The Hollow, 1946). For afternoon tea he matched his cup of tea with a stuffed sponge cake (Taken at The Flood, 1948), or sometimes he replaced it with hot chocolate covered by whipped cream (Third Girl, 1966); Dinner was an excellent mutton, cabbage, fermented cheese, custard cake, cooked fruit, and coffee (Dumb Witness, 1937); Poirot was also a great lover of stew, turkey filled with chestnuts (Three Blind Mice and Other Stories, 1950), toasted bread with paté de foie gras, and a chocolate mousse for dessert (After the Funeral).

If this is insufficient to persuade readers that Poirot’s cholesterol blood level would not only exceed the recommended limit, but probably be widely beyond it, we may add that he consumed eggs daily. In Murder on The Links (1923), it is remarked that his 2 hard-boiled eggs were a fundamental element of his meticulously planned routine. Poirot also had a penchant for “smashing omelettes” and had evidently enjoyed a few in his lifetime, once pointing out that “it was I who taught your Aunt Maureen to make an omelette” (Poirot was also a great lover of stew, turkey filled with chestnuts (Three Blind Mice and Other Stories, 1950), toasted bread with paté de foie gras, and a chocolate mousse for dessert (After the Funeral).

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The death of the investigator: Poirot certainly suffered heart problems, as we learn in the last book, Curtain: The Last Case of Hercule Poirot, with Dr. Franklin stating that his physical health was extremely low and worsening. This novel (published in 1975 but probably written in the mid-1940s) is riddled with Poirot’s alarming health-related maladies such as heart attacks characterized by an unpredictable onset and being “painful to witness.” It is worth noting that Poirot was well aware of the seriousness of his condition by the end. His heart was described as “a case of the engine slowly failing” and, after having considered the opinion of a famous heart specialist, he told Hastings: “He has done for me all that can be done. I have my treatments, my remedies, all close at hand,” referring to ampoules of amyl nitrite to be inhaled when an attack was imminent. Poirot then added: “Beyond that—there is nothing. So you see, Hastings, to call in more doctors would be of no avail. The machine, mon ami, wears out. One cannot, alas, install the new engine and continue to run as before like a motor car.” Dr. Franklin himself confirmed that Poirot’s “health is rotten” and that the “heart of his may go out any moment. One can’t say, of course, exactly when.”

Given the time period when these ailments were described (the 1940s), the clinical prognosis for Poirot’s conditions was presumably severe (as both Franklin and Poirot knew), because the prescribed treatment (amyl-nitrite inhalation) was the only available choice of the era. In the 1940s, for example, inhalation of amyl nitrite was the only elective therapy for this condition. It is interesting to note that when the novels were written (1940s), tobacco smoking, physical inactivity, and diet had still not been identified as cardiovascular risk factors, whereas by the time the last Poirot book, Curtain (1975), was published, several epidemiologic studies had begun demonstrating these factors in the development of atherosclerotic disease.11 Although Poirot had always been “extremely fussy about his health: distrusting draughts, wrapping up his neck in silk and wool, showing a horror of getting his feet damp, and taking his temperature and retiring to bed at the least suspicion of a chill” (Curtain: The Last Case of Hercule Poirot), the Belgian investigator contributed to his own demise, once stating in a letter to Hastings of his refusal to take medication during the most recent heart attack. From this, we can assume that Poirot essentially committed suicide by way of his voluntary, therapeutic noncompliance.

Conclusion

An examination of the lifestyle and health conditions of one of the greatest fictional detectives, Hercule Poirot, provides some unexpected information on the evolution of cardiovascular disease knowledge in the last century. According to information found in these novels, Poirot had several cardiovascular risk factors and probably suffered from CHD, as demonstrated by his prescribed medications. Although his death was caused by Poirot himself; sitting in their arm-chairs, novel readers were presumably alarmed by the insidiousness of CHD which, as the most rational, impassive and patient murderer, led to the ischemic demise of our beloved fictional hero, Monsieur Poirot. The general inevitability of death from CHD up to the 1970s suggests that cardiovascular disease was probably the most insidious killer of the last century. Poirot had found his man.

Disclosures

The authors have no conflicts of interest to disclose.