All in all, Derek takes us on a fascinating journey, edging near to philosophy and theology but usually coming down on the side of science. I think I disagree. When I hear the choir at Westminster Abbey thundering out the Hallelujah chorus my knees tremble and science takes an obvious back seat. Fortunately the working of the brain is so obscure that the future of artificial intelligence looks to be a very long way off.

SIR CYRIL CLARKE
Past President, RCP

Churchill’s doctor: a biography of Lord Moran. By Richard Lovell. Royal Society of Medicine Services Ltd, London, 1993. 401pp. £25.00.

I have always regarded the Annigoni portrait of Lord Moran as the best in the College. (There are those who would say the competition is not particularly fierce.) It shows him looking over his left shoulder, a pale intelligent face, aquiline nose, thoughtful penetrating eyes with a twinkle of humour, conveying the impression that appeared to justify his nickname ‘Corkscrew Charlie’. The success of the painting is not surprising; Annigoni became one of the great portraitists of our time and Moran sat for him on over 40 occasions. At the presentation dinner there was a speech from Moran’s most famous patient, Winston Churchill, then the only Honorary Fellow of the College.

Moran served the College as President from 1941 to 1950, which made him the longest-serving holder of the post since the record-breaking days of Sir Henry Halford (1820–44). His term of office covered the war years and the run-up to the formation of the NHS. Through his relationship to Churchill he was present at many historic wartime gatherings and he played a pivotal role in easing the passage of the bill that led to the establishment of the NHS. Richard Lovell’s splendid biography contains some fascinating insights into events from behind the scenes but also paints an absorbing portrait of Moran himself. Some of it strengthens the reputed ‘Corkscrew Charlie’ impression of ambition and the Machiavellian pursuit of power; but what I also found were his qualities of leadership and his determination to do what was right for, in turn, St Mary’s, academic medicine, the College and the NHS.

Charles Wilson, as he was before ennoblement, carefully plotted his career in advance. When he set his sights on the medical registrarship at St Mary’s he decided he would only succeed if he got the Gold Medal of London University for his MD and Membership of the RCP at the first attempt. He achieved both within the year. His staff appointment followed a challenging editorial he wrote for the Hospital gazette on ‘The case for change’. On the strength of this he soon became Subdean of the medical school and was responsible for the establishment of clinical units at St Mary’s. Recognising the need for some research publications to advance his career he produced a few papers from 1920–22 and thereafter wrote only on medico-political or educational matters. As Dean he raised St Mary’s from a position of mediocrity to become one of the country’s leading schools; he provided a new building and scholarships and attracted first-class students. His partiality for those with rugger or athletic prowess gave rise to criticism from other London medical schools but helped to create a unique atmosphere of camaraderie in his own.

His active interest in the College began with his election as Treasurer in 1938; this followed the circulation to a few Fellows of a 16 page ‘Note on policy’, a tactic similar to that he used as a ‘trailer’ to his appointment to St Mary’s. He assiduously cultivated the support of younger Fellows and wrote letters to more senior influential Fellows summarising his ambitions for the College and reflecting his belief that he was the right man to lead it. He was elected in 1941 after a close contest with Horder; there was concern at the time about the amount of canvassing that took place. This election foreshadowed a series of tight contests against Horder, in the last of which he won by only six votes (171 to 165). Lovell suggests that the widely known fact that he was Churchill’s doctor weighed in Charles’s favour, and implies that he had been appointed to this position as a result of cultivating powerful people such as Beaverbrook, Bracken and Revelstoke. Indeed, Lovell makes no bones about Charles’s ambition: he refers to his work in 1941 ‘as a happy coincidence between his ambition to be known as someone of importance, his ambition to be involved in affairs of state and his ambition for the College to regain its historic role as an adviser to Government’. All of this seems to be true, but he was not financially ambitious; in fact, it took a personal intervention by Churchill to provide an annuity for his wife and sons.

Charles’s role in the fashioning of the NHS is treated in some detail. He went out of his way to establish a friendly approach to Bevan, hoping he would see doctors as allies and seek their advice. He and two fellow College presidents ended an impasse between Bevan and the BMA when they published a conciliatory but pro-NHS letter in the BMJ, and Charles then emerged as an important mediator in the final stages of evolution of the NHS. It was this alignment that almost cost him the Presidency in the last close contest with Horder referred to above.

The final major controversy of Moran’s life came with the publication of his book on Churchill. This was partly due to in-fighting between publishers and newspapers, but the most damaging aspect was an attempt by the ethical committee of the BMA to indict him on the grounds that he had exploited his position as Churchill’s doctor to divulge confidential details of his illness. Moran defended what he had done by arguing that in the case of a great historical figure such a departure from normal procedure was justified.
Moran died in 1977 in his 95th year. During this long life he had played a major part in shaping postwar British medicine. Through his stint as Dean at St Mary’s he fostered the cause of academic medicine; as PRCP he established the College as a powerful voice in medical politics and broke much of the medical opposition to the NHS; through his role as Churchill’s physician, and the contacts he made thereby, he was able to steer government thinking about medicine along the right lines. Lovell correctly recognised what a significant figure Moran was and his biography does justice to the man. It makes an absorbing and enjoyable account which I recommend to readers with enthusiasm.

SIR RAYMOND HOFFENBERG
Past President, RCP

Advanced paediatric life support—the practical approach. By The Advanced Life Support Group. BMJ Publishing Group, London, 1993. 277pp. £19.95.

Two of the most welcome recent developments in British paediatrics have been the specialities of accident and emergency and intensive care. Some may remember when a paediatric house physician would bed down a mortally ill child with an intravenous infusion, antibiotics, anticonvulsants and devoted nursing care, give a gloomy prognosis to the the parents and let nature take its course—hardly expecting to meet a live child the next day. Worse still the patient might survive with major neurological impairment. This was not negligent: it was doing the best in limited circumstances. Thankfully expectations have changed, perhaps following the lead given by paediatricians caring for the sick and small newborn. These physicians often had to argue against other doctors for the best of care for their tiny patients: let us hope that their intensivist and accident and emergency consultant colleagues will carry them professional, managerial and political opinion when advancing the case for civilised care of the grievously ill child.

The philosophy of this book is to discard forthrightly such feeble and fatalistic attitudes and deploy the techniques and equipment now available to paediatricians in the battle to preserve life and function, particularly in the critical first hour of care following a life-threatening or maiming medical insult or injury. Twenty five contributors, mainly from the north west of England, working in paediatrics, plus other specialties and professions, have assembled this core text for the Advanced Paediatric Life Support (APLS) course which deals with common emergencies and major injuries. The approach is coherent and systematic; perhaps too recipe-like for some, but immediate and fast moving care needs such an authoritative, crisp and concise style. (Those unfamiliar with critical care medicine will have to acquaint themselves with new jargon and abbreviations: ABC, AVPU, SAFE—read the book for translations.) It is well illustrated and tabulated and has a full index. There is a useful section on practical procedures—although the best way to learn these is still by performing them under supervision—which includes a chapter on transporting the sick child. Appendices on child abuse and accident prevention are well written but have a less certain place in this book than other topics. The contribution entitled ‘If you don’t succeed’, dealing with the death of a child, is outstanding.

Necessarily detached from the hurly-burly of acute patient care, health economists and health care purchasers (and some sceptical doctors) may question the health gains so achieved, and demand results of randomised controlled clinical trials of such treatments. These challenges should be welcomed and rebutted, both with compelling humanitarian arguments and persuasive scientific evidence. The working group responsible for designing the APLS course is in a strong position to do so.

The authors, editors and publisher should be congratulated on producing for doctors, nurses and paramedical staff an excellent book which should become a well-thumbed addition to the bench texts in any intensive care unit or accident department that accepts critically ill children. It is cheap to buy and easy to use; thankfully too large to be spirited away into the pocket of a white coat—but then it does not seem correct for paediatricians to wear them any more.

Highly recommended!

TIMOTHY L CHAMBERS
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Cardiovascular risk factors. By John D Swales and David P de Bono. Gower Medical Publishing, London, 1993. 183pp. £24.25.

This book deserves to be a best-seller. It is a model of clarity and conciseness, achieving what is probably the best single summary of cardiovascular risk factors and their management—and doing so, furthermore, in an almost pocket sized volume. The numerous and informative illustrations are also available in a Slide atlas of cardiovascular risk factors. A few of the illustrations probably contain too much detail for slides but the large majority is refreshingly simple and clear. The authors say that their main emphasis is on management but they have succeeded just as well in their other purpose of setting out the underlying scientific principles and evidence upon which management is based. An introduction includes information on causes of death at different ages, on secular trends in coronary heart disease and stroke, and on definitions and examples of absolute and relative risk—a distinction with major practical implications that most of us can usefully be reminded about from time to time. Ethnic and genetic factors are also reviewed. The summaries of different