

book reviews

Churchill

By Roy Jenkins. London: Macmillan, 2001. 1024pp. £30.00.

What we learn from our failed predictions is never enough to stop us from making others. So I suggest that Roy Jenkins' biography of Winston Churchill will become the standard work for the lay reader, leaving the multi-volume works and their associated documentation for the devoted *pizzicato* attention of future scholars. Readable as Winston's own six-volume account of World War Two is, he admitted that it was 'not history, but my own case'. Jenkins' book is both readable and in general historically reliable (though Homer can nod, as on page 451, where John Churchill, the original Marlborough, is credited or debited with 'the switch of sides from Charles I to William of Orange', something which was more justifiably done against James I and VII). Jenkins has held high political office here and in Europe, and had already gained relevant experience and shown courage in political biography, most notably in tackling Gladstone. Though this book is not a work of ponderous scholarship, the enormous amount of material on Churchill has been adequately surveyed for the purpose, well referenced, and sufficiently annotated. Considerable and frequent, but also cautious, reference is made to Moran's *Winston Churchill: The struggle for Survival*.

To no great surprise, *Churchill* is well arranged, well balanced, and well written. A clear and detailed table of Contents sets out the narrative framework; and the Index is most helpful for retracing items, and splendidly free of otiose cross-referencing. Discrete items such as comment on Churchill's many publications are seamlessly woven into the text (and how much I agree with the view that *My Early Life* is the best book of the many that Churchill wrote).

As to balance, two examples: though full respect is given to Churchill's unique place in our history, hagiography is scorned, and the brashness of the young man on the political (and financial) make is clearly described. Again, there is good balance between 'Life' and 'Times' (wisely omitted from the title). Sufficient general background is given to set Churchill's words and actions in context; but drift towards history which did not concern him is totally controlled.

In the writing, Jenkins' Presidency of the European Union may account for a certain tendency to use French expressions where the more familiar English would serve as well: for example, *villegiature* for a sojourn at Chartwell; and *va-et-vient* for lack of swift decision. To cavil at the attempt to diffuse a glow of shared erudition may well be a petty quibble; and in general I found the writing both clear and attractive. The temptation to exemplify freely is hard to resist, but it must be limited to one example. As an Edwardian, Churchill was both Liberal and liberal; and Jenkins thus defines (page 180) his social sympathy, which had its limits: '...he naturally had a lively sympathy for the underdog, particularly against the middle-dog,

provided, and it was quite a big proviso, that his own position as a top-dog was unchallenged.'

And what of Moran, as depicted in this book? Of course Jenkins is under no obligation to be kind to Presidents of our College; nor does he exercise such kindness. Trivially, he misclassifies Russell Brain as a neurological surgeon (page 863) and more seriously (page 674) he claims that Moran, in discussing Churchill, 'was so anxious to give himself a central role that he was not only an indiscreet but also an unreliable witness of events'. A similar warning, differently expressed, is given on many of the twenty-odd occasions on which reference is made to Moran's diaries or other writings; and on at least one occasion Moran is described as 'self-regarding' – a weakness to which the generality of our race are somewhat prone. These opinions may reflect a general unease (which I share) about doctors who may seek to ride to fame on the backs of their patients. But they are less than just to Moran. Jenkins' frequent references go some way to validate Moran's own claim that his account of Churchill's illnesses would be of help to historians. And Jenkins' partial derogation of Moran was too narrowly based, to the neglect of his very substantial contribution to the broadening activity of our College and the establishment of the NHS (well described in Richard Lovell's biography of Moran), neither of which, to be fair, was any part of Jenkins' theme, though he mentions (page 852) that when Churchill succeeded Attlee in 1951 the recently established National Health Service went 'unchallenged'.

As a book, *Churchill* is long, but not tedious. So is *Tom Jones*, of which it was said that no-one would wish it a page the shorter.

DOUGLAS BLACK
Telford

A Flickering Lamp – A History of the Sydenham Medical Club (1775–2000)

By David Hay, 2001. £20 (including postage and packing) from: David Hay, Stoke Hill Farm, near Andover, Hants, SP11 OLS. Tel: 01264 738221.

David Hay, a retired general practitioner, has written and privately published a history of over two centuries of London medicine. This is based on the lives of the 300 or so members of a medical dining club that is made up at any one time of six physicians, six surgeons, and six apothecaries, later to be called general practitioners. The Sydenham Medical Club was founded in 1775, at about the same time as its sister club, the St Alban's, and was then called the Monday Club, meeting at 5.30pm on a Monday for ten months of the year. It changed its name only in 1912, seemingly as homage to our famous Fellow and now meets only three times a year, but still with the same composition of members. Its only possessions are the records of the meetings and accounts, which are now held at the Wellcome Institute for the History of Medicine and which date from 1796, the first records being said to have been lost to footpads in Hyde Park! The members met initially in the fashionable Thatched House Tavern, St James's, but subsequently in various London hotels and restaurants, and currently Lettsom House.

Many famous doctors have belonged to the Club and Dr Hay mentions each one, weaving his characters into the history of the

day, with some fascinating accounts of celebrations, rivalries and scandals. So, this book will interest physicians as a fresh, side ways look at the 'flickering lamp' of the history of medicine in the capital.

The anecdotes confirm that doctors were more eccentric in yesteryear and certainly willing to place a wager for any reason and at any time, forfeits being paid for as wine for the next meeting. In the 1850s there were even fines levied on bachelors of the Club, as a Minute records that if Drs Dyer and Barclay were not married in six months, then they would be required either to accept helpmates suggested by the Club, or be fined in champagne. Unfortunately, the minutes do not record whether this pressure was effective!

In one sense, in the 18th and 19th centuries the Club was far ahead of its time, because the apothecaries, or 'Physician's Cookes', then selling almost anything, or surgeons, who had separated from the barbers only shortly before, were surprisingly invited to join the

jealous intellectual elite of the Oxbridge physicians to talk as equals about matters of common interest and forge relationships between the three branches of medicine. Perhaps the well-documented jealousy was more public and political than personal. The 18th century saw the foundations of five new hospitals in London, and this may have stimulated the widening of medical meetings.

Dr Hay has written an afterword about the late William Mann of Guy's, although he *was* in fact recognised for his work for the Royal Household with a CVO. There are interesting reproductions of some pages from the records of the Club, with photographs of some of the members and a complete list of current and past members, and a foreword by Sir Richard Bayliss.

RICHARD THOMPSON
*St Thomas' Hospital
London*

letters

TO THE EDITOR

Please submit letters for the Editor's consideration within three weeks of receipt of the Journal. Letters should ideally be limited to 350 words, and can be submitted on disk or sent by e-mail to: Thomas.Allum@rcplondon.ac.uk

Cardiopulmonary resuscitation and do not attempt resuscitation orders: legislation may be helpful.

Editor – Saunders considers my statement that medical students use the terms 'geriatric crumble' and 'GOMER'¹ to be defamatory and prejudiced, and surveying his own students suggests that my views are unfounded as none of them knew what GOMER meant. GOMER – 'get out of my emergency room' – is a widely understood (and used) term in North America² and as the *BMJ* is an international journal it seemed appropriate to use both terms. I suspect they all understood the term 'crumble' but I doubt many would admit

using it to a senior consultant. However, what is relevant is that some students and doctors – in common with society at large – have negative and stereotyped attitudes about frail elderly patients and this may explain why these patients tend to be treated badly.

Is linking the issue of ageism in medical care to the use of 'do not attempt resuscitation' (DNAR) orders misplaced? Doctors exhibit prejudicial views about who is, or is not, to receive a DNAR order¹, which must imply that discussion of ageism in this context is legitimate. While age may be associated with increased likelihood of cardio-pulmonary resuscitation (CPR) failure, it is interesting to note that it is not chronological age itself that is relevant but the underlying cause of the cardiac arrest³. Predicting who will benefit is difficult, but in a typical piece of medical doublethink, Saunders considers CPR to border on futility in terms of effectiveness but also wishes to preserve its use when a doctor decides that it should be done and is worthwhile.

Saunders asserts that legislation is not a solution to the problem of too many people receiving CPR on the basis of a report assessing the impact of legislation on resuscitation in New York State, USA⁴. In this time series comparison, the proportion of patients with DNAR orders increased dramatically from 32.7% to 83.9% – surely a remarkable effect of legislation – which

allowed doctors to assume consent to CPR unless a DNAR had been written according to guidelines involving discussion with the patient or next of kin. Other studies of USA legislation⁵ have concluded that 'hospital policy...may even have been enhanced by the New York State legislation⁶'. These data suggest that there is a case for legislation as a means of increasing the proportion of patients in whom legitimate DNAR orders are written, and thereby, reducing futile CPR attempts.

Although legislation may have increased use of DNAR orders and reduced CPR attempts, it also clear from these studies that legislation may not have influenced the physician's likelihood of discussing use of DNAR orders with patients or families^{4,5,7}. It is this issue that is at the crux of the debate about use of DNAR orders.

No-one would want to see an increase in CPR among very frail dying elderly patients, but I do not think the practice of medicine will be enhanced by Saunderson's complacent view that 'time may not always permit' explanation of why a DNAR decision has been made, a view at odds with current guidelines, and his closing statement that 'transparency and openness are the key to trust'.

References

- 1 Ebrahim S. Do not resuscitate decisions: flogging dead horses or a dignified death? *BMJ* 2000;320:1155–6.
- 2 Leiderman DB, Grisso J. The Gomer