careers as students ("fortunate" if they have made a realistic decision), more decide as housemen, and most decide in the next year or two while undertaking general professional training in senior house officer posts. Most of senior house officer posts are not part of a specialist training programme but offer general training and experience. They are vital feet finding posts which are hard to get now and may become fewer as a result of current policy. An excellent series of articles, first published in the *British Medical Journal* under the title *Letters to a Young Doctor*,¹ discussed the practical steps to be taken in shaping a career after qualification.

Market forces

For years too many doctors have wanted to specialise in disciplines such as general medicine and general surgery and too few in, for example, pathology, radiology, geriatrics, and mental handicap. They have also wanted to live in green pastures, not in inner cities. Some idea of the prospects for a consultant post in different specialties can be obtained from an annual review published in *Health Trends* if this information is supplemented by details of the DHSS's programme of expansion in numbers of consultants.

Although a consultant post is the usual goal of a doctor working in hospital, there are career posts in the associate specialist grade which carry less responsibility. Many doctors, most of them general practitioners, also work part time in hospital on a sessional basis as clinical assistants or hospital practitioners.

Doctors are not in short supply overall, only selectively in some less popular specialties and in large cities. Sooner or later human resources will catch up with the need, if only because posts will become increasingly hard to find as the output of the medical schools increases. In the words of George Bernard Shaw, "up to a certain point, doctors, like carpenters and masons, must earn their living by doing work that the public wants from them."

These articles, together with some further chapters, have now been published as a book under the title *Learning Medicine*. The book may be ordered from the Publishing Manager, *British Medical Journal*, BMA House, Tavistock Square, London WC1H 9JR, price £4.00 (£3.50 for BMA members), including postage.

Reference

- ¹ Rhodes P. *Letters to a Young Doctor*. London: BMA, 1983.

Reading for Pleasure

Forced inactivity brings increased pleasure

G J GOLDBERG

Fortunately, reading has for me almost always been pleasurable. The excitement of discovering new facts, the enthusiasm stimulated by a strong narrative line, the empathy or antagonism aroused by the author's characters are but some of the experiences, for the most part enjoyable, although sometimes disturbing, produced by the printed word. Unsatisfying reading may be due to poor writing, but skilled and artistic constructions may fail to move or instruct the unreceptive reader. I still recall struggling with Shakespeare's *Coriolanus* at high school and unsuccessfully trying to make sense of *Krebs Cycle* at medical school, both tasks which were never achieved, no doubt leaving me that much diminished. A busy professional life may preclude reading for pleasure, though I suspect that outside pressures and demands are often blamed for limiting your enjoyments, when a little more foresight and planning would enable you to indulge more freely in your chosen interests.

Recently, however, my appetite for the written word was sharpened again by a period of enforced inactivity. Quite suddenly I developed an haemolytic anaemia, severe enough to keep me in hospital for several weeks while the haemolytic

process was being reversed. Together with other medication, I was taking largish doses of prednisolone, which succeeded in stopping the precipitous fall of my haemoglobin concentration, and after a fortnight or so the erythrocytes lost by lysis were being more than replaced by new ones. The steroids I was taking produced what may have been a rather spurious feeling of well being, a great help when it came to coping with the often tepid and saltless hospital meals. Former mundane activities such as shaving, taking a shower, or even breathing deeply were appreciated more keenly than ever before, and, as my recovery proceeded, reading, too, became that much more pleasurable.

Unashamed escapist literature

At first unashamed escapist literature took my fancy: a journey into the past rereading some of Dashiell Hammett's novels, including *The Maltese Falcon* and *The Dain Curse*, contrasted interestingly with an extended exploration of Dick Francis's gripping and always informative thrillers set in the horse racing world. Participating in transatlantic and local mayhem, learning about more methods of fraud and fiddling than were dreamt of in my philosophy, helped to take my mind off what was going wrong with my own haematopoiesis. By the time I was able to return home to a longish period of convalescence my need for rather passive escapism had diminished considerably. For a long time I had looked forward

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to tackling the "Raj Quartet" (*The Jewel in the Crown*, *The Day of the Scorpion*, *The Towers of Silence*, and *A Division of the Spoils*) by Paul Scott, who in some 2000 pages of strong narrative describes the last years of the British raj in India. He focuses on a limited number of events, exploring them through the eyes of a limited number of characters, each of whom provides a particular version of the story or part of it. British and Indian, Anglo-Indian, Hindu and Muslim, the military and civilian authorities contribute their conflicting views of events, creating a convincing world in which social, political, and personal themes are skilfully interwoven, a world in which there are but few points where different minds succeed in meeting. Much of the work has a testamentary quality, judgment being left to the reader, who is allowed or indeed forced to take a view. While wading through so many pages of concentrated writing, there is need for time off occasionally and some of this time was pleasantly spent with several of H R F Keating's "whodunits," in which Inspector Ghote of the Bombay CID unravels mystery and murder in the subcontinent, already brought to life by Paul Scott.

One of the pluses of being ill is receiving get well wishes by mouth or card, sometimes accompanied by fruit or reading matter. John le Carré's most recent novel *The Little Drummer Girl*, as usual a gripping, somewhat tortuous story of conflicting loyalties, this time set in the Middle East, was one such offering that I enjoyed very much. The heroine, who in the theatre is a not very successful actress, triumphs in the role written and directed for her by her spymaster in the real world. Le Carré explores motives, reveals ambiguities, and at the same time spins an exciting yarn.

Commitment and concentration

Another volume equally appreciated although in complete contrast was Jonathan Miller's *States of Mind*, sent to me by a colleague with a mildly ironic card wishing me some pleasant

light reading. The book comprises some 15 accounts of conversations with experts in psychology, philosophy, sociology, neurophysiology, psychiatry, and related aspects of knowledge, demanding commitment and concentration, especially in unfamiliar disciplines. Contributions to the understanding of mental life are made by engineers and ethologists, logicians and educationalists, neurologists and psychoanalysts and my own training and prejudices made it more or less easy to assess and appreciate the value of individual theories and explanations of human behaviour. The only certainty seems to be that whatever it is that makes us tick, or indeed run down, may be described and partly explained by using different concepts and languages, which have been developed in the course of investigating behaviour with different techniques. The novelist or poet unconstrained by theory may well contribute more to understanding man than the scientist who is shackled by a specific theory.

Perhaps somewhere between the scientist and the creative writer is the biographer, who researches in depth the personal history of his subject, elucidates facts, describes events, and attempts to explain how and why the subject achieved or failed to achieve greatness. Two biographies by Ronald W Clark, the first of Freud (*Freud: The Man and the Cause*) and the second of Einstein (*Einstein: The Life and Times*), make fascinating reading. Freud emerges from the pages as ambitious and imaginative and determined to achieve greatness, and, although the origin and development of psychoanalysis are clearly and uncritically described, the man Freud seems to me more substantial than his work. On the other hand, Einstein's theories have been an integral part of the modern revolution in physics, yet his personality remains shadowy, mysterious, and hidden in the pages of his biography.

Reading has indeed been more than usually pleasurable to me recently, contributing not a little to convalescence. My current resolution is to spend less time perusing scientific journals and much more in exploring the infinite world of books.

Clinical curio: allergy to Brazil nut

Although immediate hypersensitive reactions to nuts are known to occur, they are not common. Only two instances of intolerance to nuts were identified in a review of 68 cases of food intolerance and food allergy in children reported recently.¹ The peanut, which is a legume and not a true nut, has been regarded as a common food allergen.² Other nuts have been incriminated less frequently.

I report four cases of children with acute reactions to the Brazil nut (seed of *Bertholletia excelsa*). The table gives the case histories and management of the four children. IgE concentrations and results of radioallergosorbent test are recorded for three of the children.

Although children allergic to the well recognised food allergens—eggs, cows' milk, wheat, meat, fish, and fruit—have been identified,

few have required emergency treatment. Brazil nut appears to be a potent allergen, and the association with other atopic symptoms in cases 1-3 and almost certain atopic state of case 4 (IgE above reference range for age and positive result of the radioallergosorbent test) suggests that young atopic children should not be offered this food.

I am grateful to Dr R Fifield of the Supraregional Protein Reference Unit, Cardiff Royal Infirmary, for measuring the total IgE and radioallergosorbent test levels.—DAVID W HIDE, consultant paediatrician, Newport.

¹ Minford AMB, Macdonald A, Littlewood JM. Food intolerance and food allergy in children: a review of 68 cases. *Arch Dis Child* 1982;57:742-7.

² Galant SP. Common food allergens. In: Bierman CW, Pearlman DS, eds. *Allergic diseases of infancy, childhood and adolescence*. Philadelphia: W B Saunders, 1980:213.

Case histories, management, and clinical findings in four children with acute reactions to Brazil nut

Case No	Sex	Age (months)	History and management	IgE (U/ml)	Radioallergosorbent test results
1	F	37	Cows' milk from birth. Eczema at 5 months. Ate Brazil nut. Immediate swelling of tongue and respiratory difficulty. Urticaria on face, chest, arms, and abdomen. Responded to oral promethazine 10 mg.		
2	F	14	Breast fed 3 months. Eczema/asthma in first year. Handled (did not eat) Brazil nut. Immediate swelling of lips and eyelids. Bronchospasm and general urticaria. Responded to chlorpheniramine maleate 1 mg intramuscularly.	285	Brazil nut (3) Egg white (3)
		38	Second episode after touching Brazil nut dog had chewed. Generalised urticaria. Swelling of lips and eyelids. Responded to oral chlorpheniramine and not admitted. Also very allergic to egg.		
3	M	27	Exclusive breast feeding to 7 months. Eczema from 6 months. Asthma from 13 months. Chewed Brazil nut. Immediate swelling of lips and tongue. Stridor and severe bronchospasm. Cyanosed and unconscious. Required active resuscitation. Adrenaline 1 in 1000, 0.5 ml subcutaneously; hydrocortisone hydrogen succinate 200 mg intravenously; chlorpheniramine maleate 10 mg intramuscularly.	500	Brazil nut (3) House dust mite (3) Egg white (4)
4	F	34	Breast fed. No atopic features. Ate nut toffee. Immediately developed cough, stridor, facial oedema. Responded to oral chlorpheniramine maleate 2 mg.	28	Brazil nut (2)