Reading for Pleasure

Mostly medicine

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Like most surgeons who are fairly busy chaps without much time, and whose spare time in any case is likely to be interrupted, hobbies have to be ones that can be fitted into odd corners. Round the world yachting, for one, is strictly out. For energetic pastimes, therefore, I enjoy gently jogging around our neighbourhood, or rambling with my wife; it is surprising how near the open and deserted countryside is to North London. For sedentary leisure, there is nothing like reading and, no matter how long the day, there are usually at least a few minutes at its end to enjoy a book. I suspect that many people who tell me they have not the time to read are, in fact, television addicts. I am amazed by the amount of time intelligent people spend glued to the box. To them, I would give the following piece of simple advice—sell your set, and use the money to buy some good books.

It is important to have a stockpile of unread books on your shelves, ready to be picked up whenever the opportunity arises. The secret is to take every opportunity of going into bookshops and never to begrudge yourself any volume that catches your eye. It is no use waiting until the last minute; you will never find anything worth reading at the bookstall at Heathrow just as they are calling your flight number.

As a university employee, a lot of my reading is purely technical and I hardly wish to discuss now the many journals and textbooks that I have scanned through in the past few months. I am impressed over the years with the very few that have become classics. For sheer artistry, however, Bob McMinn's *Colour Atlas of Human Anatomy* is sure of a place; it must be one of the few anatomy texts that has got itself into the popular bookshops.

Most technical medical articles are not worth rereading five years later, but it is sad that so little is done to sieve out the *really* important articles that are published—just a few each year—and to present these to the medical profession as more or less obligatory reading. Richard Egdahl and John Mannick did this back in 1970 in *Modern Surgery*, in which they reprinted those papers they believed to be really important that had been published over the few preceding years. What a pity this type of book does not appear more frequently. I recently trailed the idea among some publishers of reprinting a few surgical classics, perhaps abstracted in *Readers Digest* form, but got very dusty replies from these notoriously short-sighted gentlemen. I console myself by the thought that this has saved me a good deal of time—which is now available to read non-medical literature.

I rarely read fiction, although I have, like most people of my generation, read and reread every one of Evelyn Waugh's

novels. Perhaps it was a mistake to read his biography by Christopher Sykes, beautifully written but dreadfully sad.

The scent of crime

I virtually never read thrillers. The only exception was *Violent University* by Andre deVries. How can a professor resist a crime story when one victim is the professor of town planning and another is the associate professor of premythological comparison in the department of premythology; when the sleuth is the rector of the university aided by his wife, a psychoanalytical therapist; and when the author himself was once dean of the faculty of medicine in the University of Tel Aviv?

Perhaps the reason why I do not read much non-fiction is that, being a surgical scientist, I prefer the truth—or more or less the truth. Therefore, I usually turn to biography and history, especially medical history. I have just finished Professor Keith Simpson's *Forty Years of Murder*—excellent bedside reading for a doctor. It is full of crime and violence, but with plenty of forensic pathology mixed in with it. An excellent book, but I am afraid beaten into second place by *Bernard Spilsbury, his Life and Cases* by Douglas Browne and E V Tullett, one of the most fascinating medical biographies I have read. What an extraordinary man Spilsbury must have been: difficult, solitary, and he never did get round to writing the definitive book on forensic pathology that he always intended to publish. It is full of good stories. Spilsbury arrived at an exhumation dressed in his usual immaculate manner, complete with top hat. When the coffin was raised he ran his nose along it, straightened himself, and remarked "arsenic, gentlemen." He was a great one for smells. A CID officer at his first necropsy on a particularly malodorous exhumation lit a cigarette. Sir Bernard said "You must not smoke please. I can't smell the smells I want to smell." He then bent down over the corpse and sniffed away as if it were a rose garden. Yes, a compulsive book for doctors.

History, walking, and waiting

An interest in medical history means that I spend a good deal of time searching round for old medical books. Recently, I was able to get a copy of *Frederick the Noble* by Sir Morell Mackenzie, published in 1888. What an extraordinarily interesting book. Much to the annoyance of the German medical hierarchy, Crown Prince Frederick, soon to be the Emperor Frederick III, consulted Mackenzie when he developed a polypoid lesion of the larynx. After a short and unpleasant illness, with a tracheostomy and tube feeding, the emperor died, bringing his son William—as anglophobe and reactionary as his father was anglophile and liberal—to the throne. There must be little doubt that this series of events was one of the important factors that led to the first world war. The calumny poured on Mackenzie's head by his German medical colleagues

led him to the unprecedented step of publishing full details of the case which, in turn, enraged many of his colleagues and the medical establishment in Britain. He never really recovered from the stresses of these criticisms and died four years later, aged only 54. His brilliant biography by Scott Stevenson I have read and reread. Although out of print, it can still be obtained from any major medical library.

I mentioned walking as a hobby, so naturally I have enjoyed reading the books of that pedestrian extraordinary John Hillaby. I can strongly recommend *Journey through Britain*, a stroll from Land's End to John o'Groats, and better still *Journey to the Jade Sea*, an 1100 mile walk from Wamba to Lake Rudolph and back with five natives, six camels, and 12 pairs of gym shoes. His *Journey through Europe*, from the Hook of Holland to Nice via the Alps is not, in my opinion, in the same class but still well worth reading.

Over Christmas I read—for the first time, I regret to say—Abraham Flexner's *Medical Education* published in 1925. Every

medical teacher should read it. It contains all the things about medical education that medical educators are just discovering today. He went into "topic teaching" 50 years ago, pointing out what the curriculum experts are just discovering—the enormous increase in administrative complexity that such teaching necessitates; "one can organise too much." Flexner emphasised the importance of self-education in medicine. Half a century ago he was just as familiar as we are today with the dangers of more and more subspecialties creeping into the curriculum, bringing with them their own high-powered courses and, worst of all, their own examinations. Flexner really covers everything in medical education. Everything, that is, apart from multiple choice questions.

Finally, what have I got on my waiting list? Abba Eban's *Autobiography*, Robert Mark's *In the Office of Constable*, Alan Moorehead's *Darwin and the Beagle*, and a copy of Guthrie's *Treatise on Gunshot Wounds* published in 1827 and in beautiful condition; I can hardly wait.

STRANGE ENCOUNTERS

Not cricket

A Francophone colleague, who writes and speaks English better than most of us who were born to it, asked if he might prepare a French translation of a series of case summaries that I had used to illustrate a talk at a conference in England that he had attended. He wanted to incorporate the cases in an audiovisual programme for the students in his own university, using a set of transparencies, which I had given him, as the visual complement to his own spoken accompaniment.

Some time later he sent me, without comment, a copy of the French version of the summaries, written not by himself but by his bilingual secretary. One of the histories began, *Un garçon, âgé de 11 ans, était frappé sur la tubérosité tibiale par la testicule d'un grillon*. . . .

Anybody for an MD today?

The regular visiting examiner had had to cry off at short notice and I was asked if I could take his place at the oral examination of three candidates for the doctorate. He had already read their theses and assessed them as warranting admission to the next part of the examination—the oral defence of what had been written. One candidate had been invited to come for his oral on the Wednesday after, and the other two were to attend for theirs a week later. As I should have to read the three theses myself to be familiar with the candidates' work, the university offered to allow me more time by arranging that all three be asked to attend on the same day—Wednesday week.

To ensure that I should not be fogbound it was necessary to fly to the examination centre on the day before the orals were to take place. On the day of the examinations, no candidates turned up. The examinations office of the university had forgotten to notify the local candidate of the postponement of his oral: he had come for the examination on the day originally appointed, and he could not return a week later as he was to be interviewed then for a job and would be a day's journey away from the university.

The other two candidates had given notice of their intention to fly home for the oral, one from North America and one from somewhere in Europe. The examinations officer telephoned the airlines and eventually learnt that the candidate who was coming from North America had cancelled his flight reservation a week before, and that the one who was coming from Europe had failed to join the flight that he was booked on. Later, it transpired that the candidate in America had, wrongly, decided that his thesis was not good enough and that therefore to attend the oral would be to waste the cost of the journey. The candidate from Europe had been fogbound on a feeder flight and had missed his main connection.

The internal examiner was taking me to his car at the start of my journey home when we ran into the bursar of the university. Introductions made, the bursar was told that none of the candidates had arrived. "That's a pity, now, doctor," he said to me, "for the two from overseas were told they could pay their fees when they got here, and as they won't be paying any fees now I'm afraid we'll just

not have the funds to pay your expenses. So don't you be sending me any claim forms over this visit. But you're very welcome for your help to the university, doctor, believe me." He was pulling my leg about the expenses, of course. Well, wasn't he? On a day like this I could believe anything.

My flight back that evening was diverted to a fog-free airport, 200 miles from home. I never found out how many miles it would have been from a hotel with a room to let. There weren't any taxis and the buses were on strike. In the morning I walked the six miles to the railway station.

Public health and private hygiene

The visiting professor of public health and hygiene and his wife are a charming, elegant, and witty couple; fluent in languages; and at home in several cultures. They arrived at our home in the cultural organisation's visitors' car. The driver was out of countenance—the interior of the limousine in which he had proudly driven visiting royalty and Nobel laureates was now a mess of popcorn, crushed coke cans, orange peel, and sticky fingerings. He had not been told that the professor and his wife would be accompanied by their children. My wife and I had been told that the professor and his wife could not be accompanied by their children—six, aged 9 to 19—because they were being taken to an afternoon jazz concert. I don't know why they did not go to it.

Introductions effected, the professor and his sons asked to be taken to the bathroom. On their return, they were followed thither by the ladies of the family. Last down the stairs was the eldest daughter, aged 17. "Ma," she said, "the bathroom's dirty." My wife, on some decent pretext, took the first opportunity to go up to investigate. The WC and its vicinity were dripping urine and the floor and wall nearby were soaked. Everything else was clean: the soap was unused and the towels were as they had been left out, fresh and dry, and the handbasin had not been touched by water since it had been made ready for our guests. Quickly all was restored.

Later, after tea, our guests trooped back to the bathroom, in the same order as before. Again the last downstairs was the eldest daughter. "Ma," she said, "the bathroom in this place is dirty." Soon after, in accordance with their programme, the visitors took their departure. As they got into the car the professor asked one of the younger children what he was playing with: it was a guitar, freshly separated from a Van Ruyckvelt piece of Royal Worcester. "Heck, son," said the professor, "I think you can't take that with you," and, turning to my wife, he added, "Gee, I'm sorry, ma'am, but I guess you'll be able to stick it on good as new."

Left to ourselves, we inspected our bathroom. It was wet. The soap, the towels, and the handbasin were still untouched. No hands could have been washed there that afternoon, and this time the WC seemed not to have been flushed either. A used sanitary towel shared the WC bowl with a substantial proportion of the renal output of a family of eight; much of the rest was on the seat, the wall, and the floor. We remembered then that our professorial guest is an international authority on public, not private, health and hygiene. —WILL MACREDIE.