Reading for Pleasure

History and humour preferred

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To me, *read*, like *bleed*, is still only a verb, and the 1970 *Concise OED* supports me. I deplore its current use as a noun because, in the usual context, it is imprecise. "A good read" may mean a good story with a plot so intriguing that the reader wants to finish the book with minimum delay. This is the appeal of all good thrillers and adventure stories and in this respect Frederick Forsyth's *The Odessa File* and *The Day of the Jackal*, and Lionel Davidson's *Smith's Gazelle*, have held my impatient interest in recent years. On the other hand, "a good read" may imply that the craft of the author makes the reader's eye act as ear as well; when you have read a sentence or a paragraph you immediately read it again, perhaps aloud, to savour composition or euphony. Read Psalm 23 in the *New English Bible* and immediately afterwards in the "old" version, and this difference is apparent. Incidentally, if you want the Bible in colloquial English I recommend Moffatt's *A New Translation of the Bible*, even though it was published in 1925.

I remember noting this difference in parts of the same book—*The Devil's Advocate* by Morris West (1959). In the first chapter the English priest, informed that he has cancer, looks back on his life's work and regrets its sterility. "He had never fathered a child nor planted a tree nor set one stone on another for house or monument. He had spent no anger, dispensed no charity. His work would moulder anonymously in the archives of the Vatican." The following chapters, and indeed West's later novels, never achieved the same effect for me. But last year I found eye and ear often in concert when I read Paul Scott's *Raj Quartet*, four novels about British rule in India in the 1940s: *The Jewel in the Crown*, *The Day of the Scorpion*, *The Towers of Silence*, and *A Division of the Spoils*. There cannot be a better literary bargain than these four Panther paperbacks for £5.25. Sadly, Paul Scott died in 1978.

Our surname, my father once told me, was originally Book-binder because that had been the family business. Perhaps that is why I love books physically; so, please, no underlining of the text, no writing in the margins, and no leaving the opened book face down. At school I was a voracious rather than discriminating reader. My preference for a historical background led me to read Walter Scott's *Waverley Novels* and Harrison Ainsworth's *Ingoldsby Legends* as a relief from school work. Today, I appreciate the patient and deep research undertaken by J A Michener before he wrote *Hawaii*, *The Source*, and *Centennial*. After a somewhat pedestrian start, each of these stories increases in pace and tension.

An interest in history naturally leads to archaeology. After

attending the 1972 BMA conference in Cyprus and shaking the Makarios hand, a group of us went straight on to a pilgrim's tour of the Holy Land. It made the Bible come alive. And it directed me to Kathleen Kenyon (who died a few months ago) and her accounts of her excavations—forward to Yadin's *Masada* and *Hazor*, and back over 100 years to the writings of Edward Robinson and Charles Wilson, the eponyms of two arches in Jerusalem.

Humour and eponymy

During the school holidays I would read four or five books a week, starting on the homeward journey from the public library. I still enjoy streetwalk reading when I can dispense with the car and the weather is benign. My inclination to humour led me to read (I could not afford to *see*) all the Gilbert and Sullivan operas. My favourite humorist was Stephen Leacock, the Canadian mathematician, of *Nonsense Novels* fame. I would have added that he is now apparently forgotten had he not been referred to in a letter to the Editor of the *BMJ* this year. The gentle humour of T H White has often made me laugh aloud when reading about Merlin and Arthur in *The Once and Future King*. More recently, I have found S J Perelman's sense of humour closest to my own—"Here is my card and my most recent urinalysis." This must explain my addiction to the Marx brothers' films, because he was one of their scriptwriters. In 1959, a patient rewarded my surgery by presenting me with an autographed copy of her first book, *The Hills is Lonely*, this year serialised on BBC radio. Since then, I have bought every book that Lillian Beckwith has written, delighting in her stories of life in the Hebrides and enjoying a type of humour which, to me, is unusual in a woman. Who could forget the hospitalised Scot whose blood group was reported as black and white? Why is the female humorist *rara avis*?

I have read few medical biographies, but Robert Reid's *Marie Curie* is a masterpiece; it was fascinating to read and equally fascinating to see on television. If you wish to ingratiate yourself with an O and G colleague, try to buy for him or her Speert's *Obstetric and Gynecologic Milestones* (1958). They are "essays in eponymy" from Falloppio to Wertheim. My favourite is the account of how Brenner, who described "his" ovarian tumour in Germany in 1907, did not learn until nearly 30 years later in South Africa that he had acquired eponymous fame. A close second is the beginning of the first paragraph on the Manchester operation: "Manchester lies at the hub of one of England's major industrial districts, whose chimneys belch forth their acrid smoke in large volume and without pause, polluting the atmosphere with bronchial irritants. Cough is endemic to the area. The wheels of Manchester's industry are turned to a large part by women long inured to physical labour. This environment has continued to yield, year in and year out, a gynecologic clientele plethoric with cases of uterine

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prolapse." Perhaps this is the origin of the saying, "the birds in Manchester don't sing, they cough."

Medical fiction and fact

Novels with a medical background, such as those of A J Cronin, have not attracted me. But when I was an HP before the war a fellow houseman loaned me his copy of *Doctor Bradley Remembers* by Francis Brett Young. We both enjoyed this gentle, sensitive, and melancholy story but it did not persuade either of us into general practice. He migrated cephalad to ENT and I caudad to O and G.

And so to medical books. When I am sent a book to review I attack the task with enthusiasm, even though the latest, an American textbook of over 1600 pages, is so heavy (3.75 kg) that my knees will not support it. A book review should be a literary effort: "If you want to be read, make it readable," though an arresting headline helps, such as "Prevention is better than curettage" over a review of a *Manual of Contraception*. It must be the nostalgia which seems to be the inevitable accompaniment of increasing years that makes me think that rarely now does a medical textbook evoke a mental picture of the author, even if I have never met him. Admittedly, the modern tendency to multiple authorship of single books militates against this. I appreciate the good fortune of the O and G student or practitioner who has enjoyed the anecdotal flavour of the Munro Kerr-Chassar Moir *Operative Obstetrics* (which Philip Myerscough has done well to retain in part in the ninth, and latest, edition); the personality of Ian Donald pervading the first edition of his *Practical Obstetric Problems*; and the disciplined individuality of T N A Jeffcoate's *Principles*

of *Gynaecology*. Humour in textbooks is rare, but I recall with a smile *The Gist of Obstetrics* by the Canadian H B Atlee (1957). The first chapter, "The Physiology of Pregnancy," begins: "Of the millions of spermatozoa deposited in the posterior vaginal fornix during this particular bed exercise . . . one at least . . . was accepted by this particular ovum and plunged into it, leaving its tail outside, even as a good Muslim leaves his shoes outside the sacred mosque." And in favour of episiotomy: "But isn't a scar under the petticoat better than a retarded brain on the campus? Have we not enough retarded brains on our campuses?"

Another feature of modern medical writing, aggravated by the departure from our midst of Richard Asher and Henry Miller, is the eclipse of the picturesque phrase or description. The first physician for whom I clerked, Douglas Bigland, had the happy knack of coining memorable thumbnail word pictures. His delivery resembled that of Alfred Jingle in *Pickwick Papers*. "Girl of 29—keeps falling off bicycle—disseminated sclerosis." The best I can do for my students is "All obstetric operations should be performed with two empty bladders." The prose of medical writing, especially across the Atlantic, is becoming increasingly turgid: the patient is now the health-care consumer. In *Core Studies in Obstetrics and Gynecology* (1978) one sentence ends with ". . . there has been an increasing emphasis placed on developing regionalised and team-directed perinatal health care delivery programs." The joint authors are P V Dilts junior, J W Greene junior, and J W Roddick junior. I warrant that their seniors would, singly or together, have worded this more succinctly. Presumably it is the scientific approach that now denies us successors to the fleabitten kidney, the hardbake spleen, the anchovy sauce, the white currants in red-currant jelly, the walking on cottonwool.

STRANGE ENCOUNTERS

References—pertinent and impertinent questions

If I reply to an impersonal and inadequately authenticated request for my opinion of a colleague's suitability for a job, am I not disclosing confidential information without taking sufficient care to confirm that these confidences have been requested by someone properly authorised to do so?

To provide the information required without first obtaining confirmation would seem to admit the authority of a document that is, practically, an anonymous letter. And sometimes the inquiries include specific questions that a conscientious referee may consider to be irrelevant, if not improper, whether they are posed in an acceptably presented request, authoritatively signed, or in a parody of what such a request should be. "Has the candidate any untoward political (or sexual, or criminal) leanings?" "What newspaper does the candidate read?" "Is the candidate's health satisfactory (please refer to both mental and general health)?" "Have you observed the candidate to take drugs?" "Has the candidate known ethnic bias?" Does this mean, "Is the candidate known to be biased against (or in favour of) people of ethnic groups other than his own?" or does it mean, "Has the candidate personally experienced bias against (or in favour of) himself on grounds of his ethnic status?" and what would those who administer race relations legislation think of such questions? "With what offences has the candidate at any time been charged?" and "Of what offences has the candidate been convicted (please note all unimportant as well as important convictions)?" What does the author of such a question understand by that ordinarily quite unambiguous word "unimportant"?

All the questions quoted above have been put to me, or to colleagues, in correspondence from officials dealing with applications for jobs and, specifically, "taking up references." That such questions are put at all, when once they would never have formed part of the perhaps old-fashioned manner of writing to candidates' referees, may indicate that the old-fashioned reply from referees has too often proved to lack the information that now is particularly requested.

I appreciate that the answers to any of these and like inquiries could be of great relevance to the suitability of an individual for a particular job. But, if the referee system is followed honourably, such information, when relevant, should be provided without prompting: its availability should not depend on inclusion of such questions as integral parts of a standard form of request dispatched to all nominated referees of all candidates for all jobs, as, without care, might come to pass.

When such questions are put to a referee, his responsibility is great. If he ignores them—on principle or through not knowing the answers—he may thereby do the candidate a disservice, a disservice that may quite unjustifiably stigmatise the candidate and become part of the hearsay "knowledge" that influences other selection committees on future occasions. If the referee ignores these questions, knowing the answers to include information discreditable to the candidate, he may expose himself to eventual recrimination; if he answers them truthfully, the information being discreditable, it should be with the consent of the candidate. If the candidate does not consent to his referee answering truthfully, the referee can no longer fulfil his role and must so inform both the candidate and the authority seeking the reference.

Referees, it should be evident, have an impartial responsibility to the authority that will make the appointment, and to the candidate for the appointment. Some candidates seem not to be aware that those whom they nominate as referees are not thereby engaged to act for them in a partisan fashion: perhaps they are misled through taking literally the conventional phrasing of their request to potential referees, "Will you act as referee for me?"

It is true that some referees go to remarkable lengths, quite improperly, in a determination to influence a decision in favour of a candidate whom they particularly want to see placed in a particular job. But referees generally act without bias, and if there is a common fault in their discharge of their duties it is that far too often what they write is trivial, irrelevant, or inaccurate, and already more informatively included in the candidate's curriculum vitae.—WILL MACREDIE.