Reading for Pleasure

Hell, humour, and hobbies

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If I were to choose books to take on a desert island, *Kilvert's Diary* would be one; just the abridged version, unless there was space for the three-volume edition. This country parson kept a fascinating account of everyday life in Victorian England, the setting being Hereford's border country around the River Wye. Open it at almost any page and you will find good reading with vivid word pictures that kindle the imagination. A diary like this is a sedative and antidote to the complexity of modern life. So is the *Country Diary of an Edwardian Lady* by Edith Holden, a keen naturalist—described recently as the most bought but least read book. This is a facsimile edition of the notes and paintings she made during the seasons. It is to be dipped into rather than read from page to page as with *Kilvert*. Like diaries, letters—either personal or to the press—have a freshness and spontaneity lacking in formal articles. Those addicted to reading letters to *The Times* would value having *The First Cuckoo*, a collection of letters written to that newspaper between 1900 and 1975.

Books still loitering on my bedside table are *Saturday Night and Sunday Morning*, a story of working-class Nottingham that is reminiscent of Dickens but written by one who knew and came from the working class, and *The General*, an entertaining though thoughtful tale of an orchestra marooned behind lines during an imaginary war; both are by Alan Sillitoe. Other books that I have enjoyed recently are *The Earlsdon Way* by Frederick Raphael, *The Bachelors* by Muriel Spark, and *Changing Places* by David Lodge; the last is an amusing account of two professors of English, one American and one English. Each had a sabbatical year to spend in the other's university. Life in the damp red-brick University of Rummidge is contrasted with the plate glass concrete jungle of Euphoria State University.

The Castle by Franz Kafka should be read by anyone—and there may be someone—who is the slightest bit frustrated by the present administration of the National Health Service. K is a land surveyor who is sent to undertake work at the castle. He tries and tries, but just cannot get anything done or any decisions taken, and the powers against which he has to struggle are strangely elusive and anonymous. The story is based on the excessive bureaucracy of the Austro-Hungarian Empire, and the petty frustrations and annoyances caused by this. Perhaps the word Kafkaism should be introduced into our language.

The Great Hunger by Cecil Woodham-Smith educated me about Irish history and I think of it whenever I am there, especially on the Western coast, where the worst events occurred. Another book reminding one of man's utter inhumanity to man is the *Diary of Anne Frank*, which this young Jewish girl wrote while she and her family were closeted in the back part of an Amsterdam office building hiding from the Gestapo. This was

painful and poignant reading because one's imagination kept jumping to the time when they were betrayed and she died in the hell of Belsen at the age of 16. Perhaps neither of the last two should be included under "reading for pleasure." To escape from the miseries of *Homo sapiens*, as some jester named him, I read *Forest Refreshed*, the autobiography of biologist Norman Hickin—an authority on the Wyre Forest.

Humorous books

So many books that are supposed to be funny do not seem so; humour is probably best spoken or read aloud. Also there are different forms of humour and people vary in their response, perhaps for genetic or racial reasons. Show a silly picture of Thurber's to one person and hilarious laughter follows; another will see no point at all in it. Objective tests for humour are needed. A rough yardstick is the occurrence of extraneous noises emanating from the reader; these could be measured and a dose-response ratio estimated, the grading varying from a chuckle to a laugh or guffaw. For me, high values would be obtained from the *The Towers of Trebizond* by Rose Macaulay with its unique opening "Take my camel, dear," said by Aunt Dot as she climbed down from this animal on her return from High Mass; *A Touch of Daniel* by Peter Tinniswood; *Diary of a Somebody* by Christopher Matthew; and also from Bernard Shaw, even when he writes about Beethoven's 9th Symphony (in *The Great Composers*). *Porterhouse Blue* by Tom Sharpe could provide test passages for assessing sense of humour; it is difficult to keep silent even when rereading parts of this satirical story of a mythical Cambridge college. Books of jokes are usually a bore and useless for garnishing after-dinner speeches, but every speaker should read Stephen Leacock's essay "We have with us tonight (how it feels to be a lecturer)."

The tactics of one-upmanship must have existed since early man. Stephen Potter put it on the map as an art form when he conceived the word "gamesmanship," also the title of his book with its alternative "Or the art of winning games without actually cheating." In *One-Upmanship*, he deals with the doctorship approach and the natural one-downness of patients—still a depressed class—and gives advice on how patients can win against doctors. This makes amusing reading and contains so much truth that it should be compulsory for medical students when being taught about doctor-patient relationships.

A book published recently which should have a permanent place among humorous books is *The Book of Heroic Failures* (the "Official Handbook of the Not Terribly Good Club of Great Britain") by Stephen Pile. The dedication goes "to all those who have written terrible books on how to be a success; I dedicate this terrible book on how it is perfectly all right to be incompetent for hours on end, because I am and so is everyone I know." Examples cover most activities of man, but two that are relevant to us are "the most boring lecture" and "the least successful author."

Anyone interested in art should try to buy the catalogue of the recent Post-Impressionist Exhibition at the Royal Academy. Illustrated well, it gives brief biographies of the artists and sensible accounts of the pictures themselves. A more intimate book is *Conversations with Painters* by Noel Barber, a journalist and amateur painter who interviewed various artists to find out how they painted, the materials they used, and why they painted: these included Lowry, Graham Sutherland, and John Piper. *Britain Observed* by Geoffrey Grigson is a book of landscape pictures painted by artists from the sixteenth century to the present day and may be enjoyed again and again. Books published by Thames and Hudson make a library of art books in themselves and are superb value.

When it comes to the technique of painting, excellent books are produced by artists like Rowland Hilder (*Starting with Water Colour*), whose paintings are probably being reproduced today more than anyone else's, Jack Merriott (*Discovering Water Colour*), Norman Battershill (*Light on the Landscape*), Bernard Dunstan (*Composing your Paintings and Learning to Paint*), and many others. Nothing can replace tuition from a professional, but these books provide enjoyable and instructive reading. Fishing goes well with painting, for one may sketch when trout are reluctant to rise. A vast amount has been written about

fishing and books about it are a delight for winter evenings. *A Summer on the Test* by J W Hill takes one back to the days when trout seemed bigger and more plentiful. A recent gift has been *The Complete Trout and Salmon Fisherman* by Jack Thorndike; it is a collection of the best articles published in the journal *Trout and Salmon* between 1955 and 1976.

Reading about music has not yet given me the same enjoyment, perhaps from lack of musical knowledge. Programme notes at weekly symphony concerts are either too facile or just incomprehensible. Since writing this, I have enjoyed reading Bernard Levin's description of the "gibberish and pseudo-erudite twaddlings" (*The Times*, 13 February). Like him, I want guidance through a piece of music and a writer who points out how the main themes are introduced and developed, indicates which instruments are prominent at which particular point, and so on. Happily, I have just been lent *Evenings with Music* by Syd Skolsky, which provides perfect examples for a few well-known pieces.

I hate it when a good book is finished and try to have the next readily at hand. Ideas for new books hitherto have come from personal recommendations, radio talks, reviews, and the *Good Book Guide*. Now these Reading for Pleasure articles are providing a superb source of suggestions for books in the future.

A woman of 75 has carcinoma of the gall bladder for which surgery has provided no relief. She has persistent diarrhoea. Would oral ox-bile be of any value in relieving this distressing condition?

Chronic obstruction of the biliary tract leads to jaundice and pruritus (because bile pigments and bile salts are not excreted) and steatorrhoea (causing diarrhoea) because bile salts do not reach the gut and fat cannot be absorbed. Bypassing the obstruction percutaneously under radiological control gives the best palliation. If this cannot be done pruritus may be relieved by cholestyramine (Questran), 4 g four times a day, which absorbs bile salts. This will not succeed when biliary obstruction is severe, and will make the steatorrhoea worse. Methyl testosterone 25 mg sublingually will relieve itching but will make the jaundice worse, and eventually cause masculinising side effects. It is useful, however, for short-term relief. Norethandrolone 10 mg twice daily is an alternative. Steatorrhoea is best relieved by a low-fat diet (40 g or less daily). If necessary, nutrition with carbohydrate and protein may be supplemented by medium-chain triglyceride, which is absorbed without the need for bile salts. The administration of animal bile extracts does not aid fat absorption and will probably make the diarrhoea worse.

Does oxygen stored in cylinders for factory first-aid use deteriorate? Can the industrial oxygen supply available in a factory be safely used for first-aid purposes?

The oxygen in cylinders prepared by manufacturers for medical use does not deteriorate. Leakage from a faulty cylinder might occur but this can be checked for by regular inspection of the pressure gauge. Oxygen supplied for industrial use may contain other gases—for instance, oxides of nitrogen—and may be at an unsuitable pressure. It cannot therefore safely be used for first aid.

A retired patient is an active gardener. He was given tetanus toxoid on several occasions during the second world war. Should he have a further course, or is the risk of being infected with tetanus small?

Tetanus is rare in England and Wales owing to the widespread programme of active immunisation and the availability of early and adequate surgical prophylaxis for patients who sustain tetanus-prone wounds. Tetanus more commonly follows mild injuries, such as rose thorn punctures, because protective measures are routinely initiated in cases of severe trauma but are often omitted for mild wounding; indeed, the gardener may receive many trivial wounds each day for none of which he seeks medical advice; but any of which may place him at risk from tetanus. Therefore the elderly retired keen gardener may be marginally at greater risk than the younger part-time horticulturist. Not only is his "risk exposure time" much greater, but with

increasing age less precise muscular co-ordination and less perfect vision may increase the risk of injury. Moreover, an increased tolerance of minor discomfort and a decreased supply of oxygen to peripheral parts may add to this. Opinions differ about the frequency with which booster doses of tetanus toxoid should be given to provide sound continuing protection against major challenge. For an elderly active contemporary gardener who received basal active immunisation against tetanus during the second world war, a single booster dose of tetanus toxoid administered now may be expected to provide sound protection.

Willis AT. *Anaerobic bacteriology. Clinical and laboratory practice*. 3rd ed. London: Butterworths, 1977.

A young married woman with schizophrenia reasonably controlled by phenothiazines became pregnant a year or so ago. The phenothiazines were stopped by the family practitioner, she relapsed at the end of her pregnancy, and had to be admitted to hospital for some time thereafter. She is again pregnant, and the question of continuing the phenothiazines during the present pregnancy arises. Are there any contraindications either in terms of teratogenicity at this early state or problems of biological functioning immediately after the birth?

There is conflicting evidence about the possible teratogenicity of phenothiazines taken during first trimester of pregnancy. Two studies^{1 2} have shown that there is no increased incidence of congenital malformation in embryos exposed to phenothiazines, but in one study (50 282 pregnant women) there was a significant statistical increase in cardiovascular abnormalities among the phenothiazine group, though in view of the small numbers this was considered to be only a suspicious increase. Another large survey,³ however, including 12 764 women showed a significant excess of malformed infants after maternal exposure to phenothiazines in first trimester, and there are several single case reports of malformation in relation to this group of drugs. There is concern that phenothiazines may cause damage to fetal retina by binding to melanin, but this is only likely where high dosage is given throughout pregnancy.⁴ A withdrawal syndrome has been described for adults who abruptly terminate phenothiazine-like drugs but unexpectedly there are no reports suggesting a similar syndrome in the neonate. There is a single case report of persistent extrapyramidal signs in a neonate of a schizophrenic mother treated with 400-600 mg chlorpromazine daily throughout pregnancy. This was still present at 6 months of age but development was normal.

¹ Slone D, Siskind V, Heinonen OP, Monson RR, Kaufman DW, Shapiro S. Antenatal exposure to the phenothiazines in relation to congenital malformations, perinatal mortality rate, birth weight and intelligence quotient score. *Am J Obstet Gynecol* 1977;128:486-8.

² Milkovich L, Van der Berg BJ. An evaluation of the teratogenicity of certain anti-nauseant drugs. *Am J Obstet Gynecol* 1976;125:244.

³ Rumeau-Rouquette C, Coujard J, Huel G. Possible teratogenic effect of phenothiazines in humans. *Teratology* 1977;15:57-64.

⁴ Herxheimer A. Drugs and the fetal eye. *Lancet* 1971;i:448.