Reading for Pleasure

Guilty consciences

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A puritan streak prevents me from reading solely for pleasure (though all reading is pleasurable) except at bedtime, when travelling, or on holiday. As I am slow and can never find my place, I tend to read the same few pages each night before falling asleep; nor am I able to read for long periods—curled up, for example, in an armchair in front of the fire on a rainy afternoon. That's why I accumulate bulky books for reading on holiday, though public transport and travel abroad restrict the number that can be taken; three cheers for paperbacks, even if they don't always lie open easily for the reader. Thus, imprinted on memory are the exact occasions of reading Thomas Mann's profound exploration of the story of *Jacob and his Brethren* (a villa in Italy), Henri Troyat's huge biography of Tolstoy (a deck-chair on a grey beach in Sicily), Solzhenitsyn's interlocking tapestry of *August 1914* (beside a Norwegian fjord), and, more recently, Günter Grass's marvellous fairy story *The Flounder* (in the train to and from East Anglia).

Concentration camps and others

When offered William Styron's novel *Sophie's Choice* by a friend whose judgment I trust, I was at first put off by the shiny vulgarity of the jacket and its enormous size. But I took it to Wales last autumn and it kept me enthralled for the whole week. (I was staggered when a friend told me he had read it in a sitting, coming back by plane from the States.) Out for walks or on the beach I would suddenly remember that other world and look forward with eager anticipation to the evening. It is an ebullient, self-indulgent book; I was not surprised to hear that it took years to write.

The "innocent" narrator is a young Southerner who comes to New York soon after the last war to write. The beginning is explicitly autobiographical, and one can imagine "Stingo"/Styron actually having met the two "beautiful people" at the centre of the drama, and spinning an ever-expanding web of novelistic fantasy on his way to and from the office. He takes lodgings in the Pink Palace, a downtown boarding house painted entirely in shocking pink, where his efforts to write are frustrated by the sexual antics going on in the room above. He seeks the friendship of the pair who occupy the room, and soon becomes embroiled in an explosive relationship that inevitably ends in disaster. For Nathan is a young Jew who, for all his magnetic personality, is mad; he puts it about that he works for a chemical company and is always celebrating major new breakthroughs, but in reality he takes drugs and in his schizophrenic rages beats up his girlfriend, Sophie. She is a beautiful blonde Pole, who has been imprisoned in Auschwitz, even though her husband and father were rabidly anti-Jewish. We learn by a series of

flashbacks the horrors of her previous life—of her arrival at the concentration camp where she had been made to choose which of her two children should go to the gas chamber. It is this terrible decision which is the source of a guilt that can never be expunged, any more than can the madness of Nathan. The book is an impressive study of evil and of the puny attempts of human beings to come to terms with the horror of life; the gloomy conclusion seems to be that the only solution is self-destruction. Powerful stuff, but relieved by gusts of humour, not least (though for my taste rather overdone) in the narrator's thwarted attempts to fulfil his sexual needs. Some people have been overwhelmed by the ornate, rococo (Southern?) style, but this is no problem if you read in instalments. You would have to search through a good many modern novels to find characters so well drawn and so easy to identify with—"there but for the grace of God. . . ."

Writing earlier of Solzhenitsyn reminds me that it's been a good year for the long book, probably because I've had so little work to do. I've been reading (and looking forward to) *The Gulag Archipelago* as each volume came out, and I finished the last with the sadness one feels at the loss of a faithful companion. (Some people I know save up the end of books they are enjoying.) You might think that I would get hopelessly bogged down in the interminable lists of camps, crimes, and victims, which pile up as relentlessly as the boxcars waiting to unload prisoners. But for me Solzhenitsyn has the spellbinding authority of the village elder recounting Homeric history. Besides, being timidly fastidious and reserved in my everyday life, I suspect that I enjoy vicariously a certain amount of excess in art and literature; certainly, I notice the bias in nearly all the authors I am mentioning. The trouble is that *Gulag* is so unbelievable that it is already shrouded in the same sort of myth as the *Odyssey* (and Auschwitz?); we can't do anything about it because it's bigger than we are, and, worse still, we may not believe that it's really true. But Solzhenitsyn's writing is so powerful and controlled that surely the message must get through eventually, in the same way as the great Russian masters succeeded. For it is not only the author who is filled with hope by the final burst of lyricism as he emerges from the hell of the camps into the pathetic "paradise" of exile. If only he would just stick to imaginative writing and not concern himself with polemics against the West; Shostakovich says in *Testimony* that Solzhenitsyn suffers from "prophetic delusions," a marvellous label for those dotty idealists who seem such a bane of the modern world.

Other people's daily lives

In my youth I became a fan of Lawrence Durrell because he wrote war poetry from the Middle East and brought together artists and writers to admire. It was a good thing that he didn't succumb to a passing whim to study medicine. He led me to Henry Miller, whose exuberant verbal fireworks (others call

them verbal diarrhoea or even pornography) I read enthusiastically. The strange name, Anaïs Nin, kept cropping up: she was the beautiful daughter of the Spanish composer Joaquín Nin, and was variously model and dancer, surrealist poet and novelist, psychoanalyst, befriender of struggling artists, and obsessional writer of a diary—which the chosen few who had been allowed a glimpse called a masterpiece. Late in life she was persuaded to distil some of the reputed 15 000 pages for publication, and the sixth (and last?) volume of the *Journals of Anaïs Nin* appeared in paperback last year. (Why did the publishers, Quartet, have to spoil everything by producing it in a different format from all the others?)

I've heard people complain that they can't stand this sort of neurotic brooding on the belly button, but I found the diaries a continually fascinating account of a sensitive artist who spent her life trying to come to terms with the sense of guilt she felt because her father abandoned the family when she was a girl. What was wrong with her that he could do such a thing? As a result, she led a restless Bohemian life among artists, writers, and intellectuals in Paris, North America, and Mexico; wrote brittle novels; liked to think that she was sexually liberated (the extraordinary reticence about her domestic life, however, belies this); and was constantly in and out of psychoanalysis—"the archaeology of the soul," she calls it. She will survive as a diarist, I think, because hers is a case study of twentieth-century sensibility, and, like Pepys, she is a sympathetic character with whom the reader can identify, and also provides a valuable historical document of the society in which she lived. You have only to compare her diaries with David Gascoyne's recently published *Paris Journal 1937-1939*—he was a fine poet and one of the many she helped, but a disappointing diarist full of adolescent self-pity and selfishness. Anaïs is always hopeful.

A magnificent find

Finally, just to show that small can also be beautiful, I must report a major personal discovery. One of the pleasures of reading is friends; not just friends on whom one can force an enjoyed book, but those who recommend. Our outpatient sister complains that I spend too much time talking to the patients, especially the ladies, but this sometimes has unexpected benefits. I was chatting one day to a patient who had been miraculously saved (not by me) from the jaws of death, when she mentioned that, now her children were grown up and she had survived, she was thinking of putting together her father's unpublished papers.

"Who was he?" I asked. "Oh, a minor novelist," she replied dismissively; "you wouldn't have heard of him." I have now, and have even read a book about him edited by that most prolific of authors, Colin Wilson. I've just finished the novel for which he is regarded as a genius by a devoted band of enthusiasts, and it is magnificent. You might call it science fiction because it concerns a mysterious journey to a strange planet in which live people with strange names and customs, but it is something more than that. But don't be put off if people tell you it deals with deep philosophical themes in archaic language, for it can be read as a straightforward adventure story in search of truth and beauty among the forces of evil. My most vivid impression was of the descriptions of landscape, which I can only describe as luminous and surreal in the manner of a painting by Max Ernst. Those in the know may have guessed that I am referring to *A Voyage to Arcturus* by David Lindsay, first published in 1920. If you haven't read it and can't get hold of a copy I might lend you mine, but I want it back—it was given me by David Lindsay's daughter.

An infant with a history of infantile eczema had his first DPT injection and after four hours the baby developed nettle rash, which disappeared spontaneously after 48 hours. There is no family history of asthma or hay fever. How safe is it to proceed with further DPT injections?

I know of no evidence that a history of allergy increases the risk of brain damage resulting from diphtheria, pertussis, and tetanus (DPT) immunisation. I think it exceedingly unlikely that anything would go wrong if a further DPT were given. Urticaria is common in children, and in this case may have been due to something else. Nevertheless, if something peculiar apparently results from a DPT injection it would be unwise to risk giving a further injection. One could not guarantee that a serious anaphylactoid reaction would not follow. Furthermore, we do not know exactly what causes the so-called brain damage with DPT—nor do we know, on the basis of hard evidence, exactly what factors increase the risk that such damage will occur. Accordingly, with reluctance I advise that the next injection should be DT and not DPT. I regard it as a fair assumption that the urticaria was not due to the tetanus toxoid—that is extremely unlikely.

Has bullous pemphigoid been known to complicate adrenocorticoid treatment of psoriasis?

Bullous pemphigoid is not a known complication of adrenocorticoid treatment of psoriasis, and it is difficult to think of any rational theoretical basis for such an association. At least 2% of the general population is psoriatic, and it may therefore be assumed that 2% of patients with pemphigoid also have psoriasis. There has long been evidence that pemphigoid may occur in a latent state that continues for some time before the disease becomes clinically evident. For example, the congestion of the skin in venous insufficiency may result in a pemphigoid patient first developing blisters on the lower legs, and it may be possible for some time to control the disease with supporting bandages and nothing else. Since psoralens have been used with ultra-violet A to treat psoriasis there have been a few cases in which this strong stimulation of the skin has made manifest latent pemphigoid. Other strong applications such as dithranol may have the same effect.

Koerber WA, Price NM, Watson W. Co-existent psoriasis and bullous pemphigoid. *Arch Dermatol* 1978;114:1643-6.

What is the management of an adult with congenital cystic disease of the kidneys?

It is assumed that the question concerns polycystic disease of the kidney. This and other cystic diseases of the kidney are reviewed in a recent monograph.¹ The most frequent important complications are hypertension and renal failure, both detectable by simple testing which is needed infrequently until blood pressure and plasma urea or creatinine concentrations become abnormal, and at the most annually. A urine culture at these times may also detect asymptomatic infections. The management is that of the complications; surgical treatment should not be attempted unless a cyst is shown to be causing obstruction—an unusual complication, as it produces no improvement in function. The inheritance is most often as a Mendelian dominant, and it is important to consider giving genetic counselling, but with manifestations unusual before the fourth decade and an improved prognosis with modern treatment it is not necessarily appropriate to discourage patients strongly from having children.

¹ Gardner KD (ed). *Cystic diseases of the kidney*. London: John Wiley, 1976.

A patient with pernicious anaemia is sensitive to cytarabine injections, which produce widespread urticaria. How may his pernicious anaemia be treated?

Various courses of action have been suggested. It may be worth trying the alternative chemical form of vitamin B₁₂—that is, cyanocobalamin or hydroxycobalamin. The allergen associated with cyanocobalamin is thought to be the preservative, benzyl alcohol.¹ Daily doses of 100-500 µg oral vitamin B₁₂ may be tried, but serum B₁₂ concentrations should be monitored regularly to ensure that they exceed 200 pg/ml.² In theory, replacement of intrinsic factor should be effective in treatment of pernicious anaemia, and it may be given in a dose of 40 mg thrice daily,³ but it is not generally available and application must be made direct to Armour Laboratories, the producers.

¹ Lagerholm B, Lodin A, Gentele H. Hypersensitivity to phenylcarbinol preservative in vitamin B₁₂ for injection. *Acta Allergol* 1958;12:295-8.

² Bourne MS, Israels MCG. Oral maintenance therapy for pernicious anaemia. *Lancet* 1968;ii:801-3.

³ James J, Warin RP. Sensitivity to cyanocobalamin and hydroxycobalamin. *Br Med* 1971;iii:262.