arise as much from their "dyslipophobia" as from the disturbed eating pattern.¹¹ But gluttony need not apply only to food, there are also gluttons for work. Satiation also can be overdone. We should all be capable of satiation, but not too easily and not all the time.

- 1 Holy Bible (New International Version). Proverbs xxiii,2.
- 2 Holy Bible (New International Version). Proverbs xxviii,7.
- 3 Holy Bible (New International Version). Proverbs xxiii,21.
- 4 Holy Bible (New International Version). The epistle of St Paul to Titus, i,12.
- 5 Hamilton BS, Paglia D, Kwan AY, Deitel M. Increased obese mRNA expression in omental fat cells from massively obese humans. *Nature Medicine* 1995;1:953-6.
- 6 Ravussin E. Metabolic differences and the development of obesity. *Metabolism* 1995;44(suppl 3):12-4.
- 7 Garrow JS. *Obesity and related diseases*. London: Churchill Livingstone, 1988.
- 8 Garrow JS. Importance of obesity. *BMJ* 1991;303:704-6.
- 9 Jenkins DJ, Jenkins AL, Wolever TM, Vuksan V, Rao AV, Thompson LU, et al. Low glycaemic index: lente carbohydrates and physiological effects of altered food frequency. *Am J Clin Nutr* 1994;59 (suppl 3):706S-9S.
- 10 Jenkins DJ, Khan A, Jenkins AL, Illingworth R, Pappu AS, Wolever TM, et al. Effect of nibbling versus gorging on cardiovascular risk factors: serum uric acid and blood lipids. *Metabolism* 1995;44:549-55.
- 11 Crisp AH. The dyslipophobias: a view of the psychopathologies involved and the hazards of construing anorexia nervosa and bulimia nervosa as "eating disorders." *Proc Nutr Soc* 1995;54:701-9.

Sloth

James McCormick

Sloth is an ugly word, one of the ugliest in the language. It has the great virtue of being underused. How many times have you said it, read it, or heard it in the past year?

Sloth is a sin because it does not take a fair share of the washing up. "Find yourself something to do dear, find yourself something to do." Those of us old enough to have had adolescents at home have little difficulty in remembering the rage induced by their extraordinary ability to lie abed until lunch time.

Sloth does not have many entries in the *Oxford Book of Quotations*. Among them are George Herbert:

O England, full of sin but most of sloth;
Spit out thy phlegm, and fill thy breast with glory

or Bishop Thomas Ken:

Awake my soul and with the sun
Thy daily stage of duty run;

Shake off dull sloth, and joyful rise
To pay thy morning sacrifice.¹

Ugh! "What is this world, if full of care we have no time to stand and stare?" Time to stand and stare, time to think, is seen by others as sloth. It is told that Petr Skrabanek, while working in the laboratory, was party to a discussion about the importance of obtaining new equipment. His response: "We do not need more equipment, we need to think, we need a chaise longue."

More recently sloth has literally become a deadly sin. The "couch potato" not only gives offence but shortens his life. As somebody who looks after several people who are living to die the slow death of senescence, there seems to me to be a strong case for relatively early and speedy death. In a world where all women are taking hormone replacement therapy and all men are taking statins, the possibility of peaceful myocardial infarction will diminish, and many more can look forward to life "sans teeth, sans eyes, sans taste, sans everything."

I wonder how great thinkers, who were obliged to do their thinking at home, managed to escape the accusation of sloth. I suspect that Darwin used the "sick role" to create the necessary escape from obligatory trivia. Montaigne had the luxury of sufficient money to employ others to complete "the daily round, the common task." For many others—by no means all great thinkers—the university and academia provide the opportunity to be slothful to good purpose.²

Walking is certainly compatible with thinking. I know of one family which responds to problems with "let's go climb a hill." Digging is also compatible with thinking but I have doubts about jogging. Certainly my own shortlived and puny efforts were about pain, and observing others there seems to be evidence of masochism rather than thought.

I suppose that the Protestant work ethic is largely responsible for the notion of laziness as sin. It seems to be very distant from those countries where the siesta is seen as essential. There are aspects of the siesta which have little to do with the heat of the midday sun. We all need time out of life. Perhaps it would be good if this were a daily occurrence rather than something achieved occasionally by "going on a retreat." A little justified sloth might reduce consumption of benzodiazepines as well as of alcohol.

Sloth, I would argue, is not a synonym for idleness. It is a sin in the eye of the beholder but the slothful make a positive decision to opt out of the demands of lovers and friends to be busy to little purpose. We need the luxury and benefits of occasional sloth.

1 *Oxford Dictionary of Quotations*. 2nd edition. London: Oxford University Press, 1966.

2 McCormick JS. The academic task. *Lancet* 1988;ii:26.

Greed

Ralph Crawshaw

Greed, now there is a subject to turn off a medical audience, to send patients packing. I know, having been laughed off the podium for broaching the subject at a medical meeting, this despite the "Me" generation's glorification of greed in films such as *Wall Street*.¹ Granted that the exchange of money, albeit tax money, information, medications, and information between doctor and patient is generally respected as an ethical enterprise yet with the doctor and patient relationship it is never out of place to cock a clinical eye at any nidus of greed.

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Not always loaded with gold

Appetites enabling greed are as many as the tastes of mankind. Aside from money, significant forms of greedy "more," include an unslakable appetite for power, recognition, time, or mind altering substances. Some targets of greed may seem obscure since the avaricious devil can reside in the details, whence he appears under the guise of commonplace happenstance rather than loaded with bags of gold.

Consider "busy" Dr Silas Marner, a time miser who comes to the clinic late and leaves early. Is he a sinner in his greedy accumulation of personal time? His reimbursement may not be different from other staff members but what he gives in return is different when his patients are up and out of the clinic with their minimal medical needs unmet. Nor does his greed of time hesitate at short changing the institution. The clock watching doctor may show up with an armful of personal work and telephone calls to deal with on clinic time. Greedy Dr Marner may have switched his menu but not his insatiable appetite.

The greedy patient resides on the other side of the healing relationship, identified by a demand for service, not bits and pieces but all, "and now." His motivation has little to do with hypochondriasis and much to do with maximising every opportunity for personal gain, no matter the cost to others.

Alfie of movie fame is a stunning example of a service miser. The Alfies of our world have an insouciant manner of riding an ambulance to casualty to demand a sleeping pill or immediate treatment of chapped lips. They know their rights and use them for relentless demands, "Doc, what I need is a shot, pill, renewed prescription, admission to the hospital, excuse from work, or a pension." Failure to comply with these ill disguised orders carries with it the threat of trouble. In the United States trouble is voiced as threats of malpractice, physical violence to staff, or, as one patient put it, "Doc, check me in now or I will throw myself through a store window. Then you will have to spend the rest of the night picking glass out of me." From soliciting a passing nurse for a fresh fluff of the pillows to fiddling the system for a disability pension these greedy patients sin, along with greedy doctors.

Apollo, ancient God of medicine, hear our plea. Save us, all too miserable patients and doctors, from our sins.

- 1 Crawshaw R. They all laughed when I spoke of greedy doctors. *West J Med* 1985;142:267.
- 2 Chaucer G. In: Kermon F, Hollander J, eds. *Oxford anthology of English literature*. London: Oxford University Press, 1973:145.
- 3 Fourth Lateran Council (1215). In: Herbermann CG, Pace EA, Pallen CB, Shana TJ, Wynne JJ, eds. *Catholic encyclopedia* (9). New York: Robert Appleton Co, 1910:18.

Greed is frequently thought of as excessive acquisitiveness for money. Chaucer underlined medical greed by describing the Doctour of Phisik as, "lovede gold in special."² The medieval church was more explicit, placing the medical profession in a class with usurers. The judgment proved more economic than theological, based, as it was, on greedy priests, bishops, and cardinals—scholars at the recognised cutting edge of medical information, with lucrative, independent incomes from flourishing private practices. The Vatican found such entrepreneurial clerics difficult to control (read medical autonomy); consequently Pope Innocent III insisted that the Fourth Lateran Council should condemn the practice of surgery by ordained members of the church.³

Practitioners' greed for money in our world is pretty much held in check by government control of reimbursement, tightly reined in Britain, medium tightly in Germany, and with a loose but tightening rein in the United States. Since human nature's fixation on "ever increasing more" is fashioned out of the infant's discovery that there are more than one pair of breasts in the world, no one should be surprised at some doctors and patients greedily developing new ways for excessive self aggrandisement.

Circaseptennial rhythm in ear growth

Jos Verhulst, Patrick Onghena

Recently, Heathcote reported enduring growth in the ears of male patients (on average 0.22 mm a year in patients aged 30 or over).¹ Our previous work had made us aware of the existence of a circaseptennial (about seven years) rhythm in certain developmental aspects of the human skull.² We therefore decided to examine the data of Heathcote for a possible seven year periodicity in ear growth.

Methods and results

For every age we calculated the mean ear length from Heathcote's raw data. We produced an uninterrupted sequence of yearly ear length values from the age of 30 to 83 (data were missing at certain ages above the age of

83). A total of 201 measurements were available for this span of 54 years. For each age, n , we then calculated a smoothed ear length as the mean of the mean lengths for ages $(n - 1)$, n , and $(n + 1)$. This procedure resulted in mean smoothed ear lengths for ages 31 to 82. We calculated ear growth at age n in two steps. Firstly, we calculated the change in ear length at age n as the mean smoothed ear length at age n minus the mean smoothed ear length at age $(n - 1)$. Secondly, we calculated a smoothed ear growth at age n as the mean of the mean growth rates at ages $(n - 1)$, n , and $(n + 1)$. These smoothing procedures reduced the large impact of scatter resulting from the small sample. We thus obtained smoothed growth rates for ages 33 to 81 (table 1).

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