Reading for Pleasure

An unrandom bias

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Writing fiction can actually dictate what one reads, a truth I discovered only recently, despite the fact that I first hit—well tapped—the literary scene a few years ago. More, writing fiction may modify the pleasure one derives from reading.

To see how my illustrious predecessors went about it, I consulted all the Reading for Pleasure articles, and was at once struck by the poshness of their choices. I really mean it. Between The Gulag Archipelago and Neugroschel's translation of Great Works of Jewish Fantasy there's not a lot as far as I am concerned, and I am a train-shocked commuter who needs a minimum of five tomes a week to stay sane. Another thing: there's an absence of stories in what my colleagues write about, judging from their recommendations, but maybe I picked back numbers "with biasing unrandomness" (worried statistician's comment when asked for advice on this point). I wouldn't know. But some books do have the peculiar hallmark of readability—which is about it, as far as I can see.

P M Hubbard: on the grounds that reading pleasure probably includes being engrossed in a story, I start with him because he is a writer who draws a reader in. The River is his latest in a long and healthy list of novels, each as good as or better than this. The same sort of confidence in a writer made me tackle The Honourable Schoolboy, in hopes of being in the swim—what with the Tinker, Tailor... telly serial, and all that—but I came out at the other end unable to justify name-dropping on this one. It might be my fault, because I failed to find the author's Hong Kong in my memory, and I worked there for some years, but exalted posh clubs and waggish chaps were few and far between.

Influence and approval

Can the very labour of authorship, of itself and in some subtle way, decide the choices one makes? Leaving aside the business of "collecting drop material for a book" and "culling for background" (I only learnt these terms three weeks ago), I actually believe it can, and that very often such influences will make one fly in the very teeth of learned critical opinion. And here's the proof: Frederick Forsyth's The Devil's Alternative. Quite unashamedly, I tell you I liked it. Fully aware of the risk of biasing unrandomness again, I was quick to get through it before that ghastly display appeared in Dillon's window and brainwashed all pedestrians within bucket distance. The point is that nobody ought to approve of it, presumably for the same reasons that so many of us ought not to have approved of Forsyth's The Day of the Jackal. We learnt from Mr Robinson's book programme only a few months back that Forsyth suffers from a congenital form of the Inadequate Characterisation Syndrome. In fact, when the poor author was called in to explain he got quite a drubbing from the sixth-form-of-the-air for it. The story was seen as a routine game of noughts and crosses, with the odd nought disguised as a supertanker, and the odd cross exploding now and then, but all really nothing but a game of OXO. Wrong, from one who found himself reading it for no other reason than as a kind of self-imposed duty, and who gained pleasure thereby: interested, speculation pleasure this time.

Recognisable "selves"

Fiction, I feel, should be about recognisable "selves," whether they be people larger than life (Wilbur Smith's Hungry as the Sea is an engrossing example) or even animals—and here I strongly favour the gripping Night of the White Bear by Alexander Knox instead of the much more vaunted and trendy Pleasure Dogs, or all those wee rabbits on Porton (sorry, Watership) Down.

On a daughter's instruction I tackled the science fiction bestsellers' list champ, Alien, now playing to motion picture audiences everywhere and packing them in by all accounts. This particular pleasure ended up as a disappointingly mild curiosity as to whether the beautiful space heroine would make it to Earth, or whether her kitten, too, would turn out to be a Thing in her space shuttle like all the rest. I didn't mind, though. The spinoff of being able to exchange views with an offspring is not to be sneezed at these days, and I'm on the lookout for more of what young people read. The best of them is Frank Herbert's interesting SF Dune, and I am irritably trying to find its sequel. E M Corder's The Deerhunter, another popular seller ("Now a Searing New Film"), proved a let-down. I could not explain my sense of having read nothing once I'd finished the book. The answer was in the cover—the book is, in fact, that new phenomenon of the non-novel novel-that is, a jolly good sequence of events but based on a screenplay, itself based on the story by Cimino, Washburn, Garfinkle, and Uncle Tom Cobley et al. I was reminded of Danny Kaye's famous joke song about a film ultimately based on someone's inspirationally profound punctuation mark.

Other production points can be as mystifying. All sympathy for Peter van Greenaway's crime novel Judas! which was spoilt for me by serious misjudgments in the printing and production. This excellent story is based on the idea of the discovery of a gospel written by Judas, no less, which discloses that Christ was a nerk and a charlatan, St Peter a blackguard, St John a fraud, and so on, while the only saving grace, as it were, is Judas himself. I blame the publishers, who, for very little more expense, could have italicised the "gospel" flashbacks, and got rid of those insanely narrow margins for top and laterals. Unwise economies, Gollancz, that seriously detracted from my enjoyment of the book, a bright idea for a good story based straight on the Nag Hammadi scrolls. Incidentally, the real Testament of Judas Thomas found in 1945 laconically infers that Jesus possibly had a twin called Judas. . . .

A testy reader once wrote to me that I'd . . . "never got a police rank right yet," little knowing the neuroses she was

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generating (Do I grovel? Do I keep it up, thereby enticing her to read me with even greater ferocity?). No such anxieties in N J Crisp's The London Deal, where his character Kenyon's difficulties are with his police superiors and inferiors alike, with every rank scrupulously stated and the story as interesting as it was cracked up to be. The only thing wrong is the dust jacket, which is of the sort over which the Observer critic recently perforated, calling them dull and unimaginative. One gets drawn in again, really wanting to know how Inspector Kenyon scores over that toad of a man in New Scotland Yard, as surely he must.

Doctors, however, must sometimes read for relaxation, which may actually be nothing to do with rest or pleasure. Doctors, therefore, must read Dick Francis. Little risk, I find, of being deeply drawn in here, but his evenly-written and acceptable novels may be started, resumed, or finished at any hour of day or night whether one is knackered or not, and put down in an untroubled frame of mind. I suggest Risk, High Stakes, and In the Frame for starters; the most likable crime books on the

Pleasurable reading from neat and concise analysis? A clear and somewhat unnerving possibility, after reading Julian Symons's Bloody Murder. Not a novel, but an erudite and readable account of the evolution of the crime novel which goes

some way towards explaining why it is that one novel proves to be a turning-point in a genre and others not. (Incidentally, why genre? Will kind, clone, type, style, category, variant, or some other such not do? It sounds too affected for words.) A remarkable book, but it carries an important question for me: Mr Symons has an enjoyable knack of being able to follow that evolutionary thread when it lies buried among hundreds of thousands of titles, but where is the chap who will explore medical publications in a similar way? Analytic overscans (another new phrase I've been dying to use) seem to be the peculiar attribute of the non-medic.

I believe, however, that there is a reaction against too much analysis. In an effort to posh up the list of books I could cheerfully admit to having read and delighted in, I found a text wherein selections from modern poets were accompanied by various poets' comments on their works. The volume fell open at a spine-chilling paragraph written by a northern poet who received national acclaim for his Terry Street. It ended with a description of a gruesome futuristic vision of scurrying hordes of analysts of every sort, each with diplomas, heading intently for every known author, "silent, and very fast." It makes me think that reading for pleasure is merely the act of running like hell in the opposite direction. And writing too, at that.

What health hazard is there in sleeping on a mildewed mattress?

Mildew is a vernacular term for any fungus growing on vegetable or other material. In a survey of 100 samples of mattress dust species of Aspergillus, Penicillium, Alternaria, and Mucor were isolated most frequently. Season of the year or type of mattress did not influence the fungal composition of the dust. A children's hospital ward study of 38 samples of mattress dust found A glaucus and A restrictus in all samples, and concluded from this general occurrence and their strongly xerophilic character that these Aspergilli may play a part in the ecology of house dust mites and in the origin of house dust allergen.² Species of Aspergilli, Penicillium, Alternaria, and Mucor are all possible allergens. Getting into bed, or changing body position may release clouds of spores from a mattress. Atopic persons in particular could become sensitised to these spores. The release of spores, however, depends on the density of the mattress and porosity of the material. There may also be a seasonal influence from possible increased human sweating during the warmer summer months raising bed humidity and encouraging spore formation. The pattern of respiratory allergy evoked is thought to be dependent in part on spore size. Thus it has been suggested that the large Alternaria spores may be retained in the upper respiratory tract and possibly produce an allergic rhinitis, whereas the very much smaller spores of Aspergilli, Mucor, and Penicillium are more likely to be carried to the respiratory bronchioles and could precipitate extrinsic asthma.3 Debilitated or immunosuppressed people are conceivably at risk of systemic mycoses after inhaling or ingesting spores. As people prefer not to sleep on a mildewed mattress, all the described problems are unlikely to be encountered.

What is the risk of a visiting dentist catching hepatitis B from patients in a hospital for the mentally handicapped?

Mentally handicapped children are not necessarily Australia-antigen positive. It is only in Down's syndrome, where there is a greater than average risk of contracting leukaemia, that Australia antigen could be identified in roughly one-third of the patients. As little as 0.004 ml of HBsAg-positive blood injected parenterally may transmit hepatitis B. Although there is some doubt about the quantities, HBsAg has been detected in saliva, and this may constitute a particular hazard for dental and oral surgeons. Even so, the relative importance of these sources of infection in the transmission of HBsAg-positive hepatitis B is unknown. Although dental surgeons who look after mentally handicapped patients may be at more risk from infection with

hepatitis B virus than the general population, this should be minimised in hospital practice where the more infectious patients will already have been identified and the appropriate precautions can then be taken. In 1975, 61 dental surgeons, with direct clinical responsibility from King's College Hospital, agreed to take part in a sixmonth study. The clinicians not only treated mentally handicapped children (Down's syndrome) but also drug addicts, as well as a large percentage of immigrants, who were concentrated around the hospital and also known to be carriers. Analysis of the questionnaire showed that 27 of the 61 dental surgeons had knowingly treated HBsAg-positive patients, some of them many times, but they had always taken appropriate precautions such as wearing a mask, gloves, and glasses. Six (10%) had a history of hepatitis, in one case due to infection with hepatitis B virus. Screening blood for HBsAg by radioimmunoassay showed no carriers of the antigen, but transient antigenaemia was observed in one dental surgeon. Antibody to HBsAg tested by radioimmunoassay was detected in four dental surgeons, one of whom had clinical hepatitis. Measures dental surgeons can take to protect themselves from hepatitis B when treating HBsAgpositive patients include using a mask, gloves, and glasses. If the skin is accidentally punctured and contaminated with potential HBsAgpositive material an injection of hepatitis B immunoglobulin should be given, as the results of several clinical trials show that this would give adequate protection.

A 32-year-old married woman has two boys and would like a girl. Is "sex-selective conception" safe?

There is no certain way yet to determine whether a Y- or an X-bearing spermatozoon shall fertilise the ovum. Attempts may be made in the laboratory to separate X and Y sperm, mainly by differential centrifugation, the method being based on the fact that the X-bearers are slightly heavier than the Y-bearers. The probable X-bearers may then be used for artificial insemination. Simpler methods have been suggested.1 A combination of acid douching of the vagina using vinegar and water with cessation of intercourse two to three days before presumed ovulation is said to be associated with a higher frequency of female births. X-bearing sperm survive longer in the genital tract than the Y-bearing. Other factors supposed to help are no female orgasm at the fertile intercourse, shallow penetration, and face-to-face position. All might be thought to redress the balance between the two types of sperm in their rapidity of movement through the genital tract, the smaller Y-bearers travelling faster. These two methods are without risk, though the outcome is still unsure. Selective abortion, when the sex of the fetus is known by amniocentesis and cellular analysis, is certain but ethically to be eschewed in cases such

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¹ Shettles LB. Factors influencing sex ratios. Amer J Obstet Gynecol 1970;107:933-8.