is as good as his actually excellent English grammar; after he sees the confused or embarrassed listeners he is likely to become much more silent. "Craziness," then, never seemed to me a part of my problems in talking or writing, although I was rather appalled much later when I looked at some of the pages I had written in the hospital (fig 2).

Incorrect thinking

I *did* consider myself crazy several (brief) times, roughly two months after my stroke. (Incidentally the only word for insane which I could think of spontaneously for several years was "cuckoo," although I hadn't forgotten any of the psychological material—for example, Freud's oedipal complex—which I taught when my students were reading Sophocles's *Oedipus Tyrannus*.) At the time I didn't tell anyone, but months later when my craziness had not recurred I asked my neurologist if my cuckoo moments had come from the cortisone or my own brain; he said it was the damaged brain. I wasn't thrilled by his answer, but was at least relieved that the cuckoo times had stopped. Those moments (two or three of them) happened at my college, when I met a colleague walking outside. Each time part of my mind (called (a) in this description) thought what the person was going to say. One time I also hoped that he *wouldn't* say it. I became quite anxious when he actually said exactly who I had thought of. (A) reacted to this occurrence by feeling that I could predict the future; this didn't please me (both (a) and (b)) at all because at almost the same moment what seemed like another part of my brain (b) said to (a) that it was cuckoo.

(B) said something like the following to (a): "Don't tell anybody what you just thought; that's crazy. You thought you were a prophet, whereas it was stupid. Anybody could predict that John would say 'Hi! How are you, Dory?' or, when it's raining, 'Isn't it a

lousy day!' He always says things like that, so don't think you can tell the future; you're just sick in your mind." At that point (and I believe that was the last time when I had one of these cuckoo occurrences) sensible (b) decided to persuade herself—that is, her (a)—that she wasn't a prophet. Therefore she made herself try to figure out what the next person—a much more unconventional guy in the English department—was going to say. It was a great success; my prediction was entirely wrong. Sick (a) was relieved by (b)'s good sense—and (a) disappeared.

Next I (b) worried about the fact that I seemed to have two "egos" at the moment: one cuckoo, the other sane. I thought about the paranoid person I knew and the fact that he never said anything cuckoo in front of the college president. "Hmm," I thought, "he must be like me, have a logical (b) who makes his usual (a)—at least once in a while, when it *really* matters—not to talk crazy." Then I thought of "Eve White" and "Eve Black" in that movie which I had always considered Hollywood hokey, and wrong—the one with a woman who had three different personalities—and ultimately I still haven't changed my feeling about that idea. Even so, my own prophetic moment was miserable; I have been a logical and sceptical person for my entire adult life.

Incorrect seeing

Before the stroke I would have said that visions (not seen by others) were about as crazy as anything possible. Now I feel, however, that at least the appearances of stroke victims are both not very important, and definitely not cuckoo. My rapid visions are always cars or small children, seen only in places which are reasonable—that is, cars arriving on side roads to the right; the children walking along the side of the street. They occur only when I am driving; they appear only for less than a second, disappear as soon as I move my head, and aren't frightening, just annoying. The

Fabric dyes: Are they in the consumer's interest?

We wish to challenge the idea that fabric dyes are harmless and are used merely as a response to consumer demand.

Textiles that are bleached and then printed or vat dyed sell for a higher price than textiles in their natural state.

Dyed clothes are more attractive to consumers and hence induce them to buy more clothes than they need.

These dyes are not necessary to the consumer. No one has assessed whether they increase the incidence of cancer, chronic toxicity, allergy, congenital malformations, heart disease, brain damage, or hyperactivity in children.

Tests conducted at a leading children's hospital in the United States show that hyperactive children are cured or improved by dressing them in undyed clothes.

The argument that dyes do not cause damage in mice, even in high concentrations, is untenable because mice are a different species. The thalidomide case shows that scientists can make major errors. Also, the mice were not tested for the "cocktail effect" by being dressed in multicoloured clothes.

Consumers are not given a choice. Unbleached and undyed clothes are obtainable only at health food shops and are expensive because they cannot be mass produced.

By adding dyes to clothes manufacturers treble profits by a spurious form of "value added" technology. Many textile

corporations employ so called textile designers, whose sole task is to colour fabrics unnecessarily.

Dyeing can conceal the natural flaws of textiles.

Dyed clothes make people more cheerful and therefore can mask psychiatric disorders such as depression and anxiety. Thus dyes "paper over" an important health problem that the National Health Service cannot afford to treat. Small wonder, then, that successive governments have taken no action on dyes.

Clothes are brighter than ever before, which accounts for the epidemic of obesity, malaise, flatulence, irritability, lethargy, indigestion, headache, dyspepsia, tiredness, and constipation.

Dyed clothes are no warmer and provide no more protection or concealment than undyed clothes. Indeed, their conspicuous colours may even draw attention to the wearer's body.

CAMPAIGN for additive free clothes for your sake and your children's welfare. COPY this leaflet and hand it to your friends.

Issued by DRAB, the Dye Related Allergies Bureau, c/o Camden Square, London NW1 9XA.

DRAB is a subsidiary of the Food Additives Research Team (FART).

For more information turn to page 1600.

between the means=1.51; for women multiples of SED in the difference between the means=1.55).

Categorisation of the three largest groups was based on the predominant type of practice during the doctor's professional lifetime. There were 171 general practitioners, 203 hospital doctors, and 42 community medicine specialists. There were no significant differences in the mean ages at death between these categories (between general practitioners and hospital doctors SD=0.187, $t=1.317$, $df=372$, NS; between general practitioners and community medicine specialists SD=0.214, $t=0.359$, $df=211$, NS; and between hospital doctors and community medicine specialists SD=0.133, $t=1.420$, $df=243$, NS).

Possession of a higher degree (MD, PhD, or DSc) was associated with a significantly higher mean age at death for general practitioners (83 for those with a higher degree *v* 75 for those without; SD 0.225, $t=2.867$, $df=167$,

Data on degrees and mean age of death of GMC population and doctors with BMJ obituaries

	Mean age at death (years)	Log mean	95% Confidence interval (SD)
<i>GMC register</i>			
Men	71	3.450	3.420 to 3.480 (0.409)
Women	77	3.198	3.158 to 3.238 (0.534)
MD holders	86	2.930	2.831 to 3.028 (0.562)
Diploma holders	75	3.415	3.318 to 3.512 (0.710)
Registration holders	76	3.399	3.358 to 3.440 (0.559)
<i>BMJ obituaries</i>			
Men	75	3.412	3.371 to 3.453 (0.417)
Women	83	3.079	2.929 to 3.232 (0.547)
General practitioners	76	3.375	3.301 to 3.449
Hospital doctors	74	3.435	3.383 to 3.487
Community medicine specialists	77	3.347	3.251 to 3.443
General practitioners:			
With doctorate	83	3.079	2.902 to 3.255
Without doctorate	75	3.403	3.325 to 3.481
Community medicine specialists:			
With doctorate	83	3.073	2.866 to 3.281
Without doctorate	74	3.392	3.291 to 3.494
Hospital doctors:			
With doctorate	76	3.363	3.272 to 3.453
Without doctorate	73	3.457	3.397 to 3.517

$p<0.01$) and for community medicine specialists (83 *v* 74 years; SD=0.084, $t=2.490$, $df=40$, $p<0.02$). No significant difference, however, was found for hospital practitioners (76 *v* 73 years; SD=0.131, $t=1.772$, $df=198$, NS).

Discussion

There are many factors that affect general susceptibility within a given occupation.⁵ For those contemplating a career in either general practice or community medicine, however, possession of a higher degree is associated with a longer life. Possession of a higher degree was rarer in these groups; while 36% of hospital doctors held a higher degree, only 12% of general practitioners and 14% of community medicine specialists held one. The enhanced self esteem as a *rara avis* may account for this difference.

Holders of a higher degree are also more likely to have an obituary published in the *BMJ*: 12% of doctors on the GMC list had an MD, while 24% of the deceased in the *BMJ* had held a higher degree.

I am grateful to Professor N Kreitman and to Mr J Duffy for advice on preparing this paper.

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A newly discovered class of allergens: textile dyes?

CAROLINE RICHMOND

I wrote the manifesto for the Dye Related Allergies Bureau (DRAB) (p 1596) as a spoof on the literature put out by those who wish to protect us from food additives, fluoridation of drinking water, and the like. Most of its statements are obviously or probably true; I assumed that any intelligent person would realise that many other obvious truths were omitted and that the untruths were patently absurd.

I wrote it after discovering that food additives are probably harmless, have been carefully screened, and are continually being monitored by government scientists world wide. I subsequently wrote a short defence of additives in *New Scientist* and was attacked for it, ferociously and without warning, by the food lobby. Shortly afterwards I described the events in the *BMJ*'s Medicine and the Media column (15 March 1986, p 754). A Mr Geoffrey Cannon wrote a vigorous reply, and a food messiah, who shall be nameless, sent the *BMJ* a detailed letter of petty criticism, written at gale force and marked "not for publication," which is a further example of the sort of behaviour I had complained about. I did have some favourable responses: two allergy specialists in the National Health Service wrote to me describing how some allergists and private allergy clinics, often aided by credulous or sensation seeking journalists, use food additives and similar scares to exploit gullible and depressed people.

This scenario is made worse by self help organisations of parents of energetic children or adults with psychosomatic (or sometimes frankly psychotic) symptoms. Many such people are keen to get a diagnosis of organic illness, and, having succeeded in doing so from a medically qualified fringe practitioner, they then proceed to spread the gospel that the ordinary annoyances to which flesh is heir—indigestion, thinning hair, poor appetite, indifferent concentration, dysmenorrhoea, and the rest—are allergic disorders.

The case against food additives includes a few grains of valid criticism but also reflects a long tradition of public fear of technologies inflicted on "us" by "them": milk pasteurisation and water fluoridation are two of many that are or have been preached against by the health food magazines. In recent years these messiahs have been joined by people from the loony left who use health as a route to attack industry and find foods and pharmaceuticals easy game.

After food additives, pasteurisation, infant feed formulas, and food irradiation, all of which have been annexed by the militants or the messiahs, what was left for the next budding evangelist? Why, textile dyes, of course. So I wrote the DRAB manifesto but realised that it was unsaleable as journalism. Experience has taught me that

most editors will not challenge accepted beliefs (*New Scientist* is an exception) or print jokes.

So I sent it to an organisation called Action Against Allergy. I whited over the word "FART," and did not enclose a covering letter or a compliments slip. The address is that of friends: I wanted to remain anonymous to the food lobby but not miss any feedback.

Action Against Allergy, according to a friend in the medical profession, "... is an association formed by one Amelia Rosina Nathan Hill. Her story is told in her own book, *Against the Unsuspected Enemy*, in which she describes how she and her daughter 'finally succeeded in eliminating their agonising and persistent illnesses... they overcame depression, colitis, cystitis, thrush, eczema, arthritis, mouth ulcers, constant colds and flu, indigestion, insomnia, tachicardia [sic], swollen ankles, leg cramp, frequent stiffness in the neck, bloodshot eyes, and arm and hip pain...'. In the process confounding those awful psychiatrists who said she was a loony. Action Against Allergy appears to have several functions. It seems to be a mutual support group for people who believe themselves to have total allergy syndrome. It is being used as a pressure group to promote the cult of clinical ecology. Mrs Nathan Hill seems to sell a wide range of allergy and other alternative medicine and health books."

Mrs Nathan Hill, who also sells useful things like "barely noticeable" nostril filters in three sizes and transparent reading boxes which protect the person with total allergy syndrome from toxic printing ink fumes, might have contacted DRAB to establish its bona fides and find out more—or she might have thrown the

DRAB manifesto in her wastepaper basket. Instead she summarised it in her quarterly newsletter, and as a result I received three letters from concerned wearers of coloured clothes. Mrs TH of Surrey, Mrs JJ of London, and Mrs MM of Zimbabwe all wanted more information. Mrs MM gets relief from rubbing evening primrose oil on her skin; I resisted the temptation to recommend that other "alternative" panacea, a mixture of honey and cider vinegar.

I had not expected DRAB to be taken seriously and now have qualms about what I have done. I have learnt—and I suspect that most doctors know this already—that there are quite a number of people out there who want to hear bad news and are vulnerable to every kind of charlatan. Most of them are middle class women who would be described as educated but have no knowledge of human biology or other aspects of everyday science.

In Victorian times every good school taught a course called the Science of Common Life; we could do with its reintroduction into the curriculum.

Warm thanks to Jane and Nicholas Maxwell for allowing their house to be used as DRAB's postal address and for coping coolly when a letter for DRAB was delivered by mistake to the psychiatrist next door. The title of this paper was chosen to appeal to people who prefer sending reprint request cards to reading the *BMJ*.

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The Doctor, by Sir Luke Fildes. Reproduced by permission of the Tate Gallery.

It became one of the most popular pictures with the public. Even Mrs Fildes, visiting the Academy, could not get near it for the crowds. Agnew's photogravure of it became the most popular print the firm ever issued, adorning doctors' surgeries all over the world. It was reproduced on two postage stamps. Though Fildes succeeded in creating a universal image of suffering and hope, he did it by purifying his art of the uncomfortable social truths of his first success.—JULIAN TREUHERZ. In *Hard Times: Social Realism in Victorian Art*. Ed Julian Treuherz. London: Lund Humphries, 1987.

This account of Fildes's painting is continued on p 1647.