

Doubtful Guests, Harassed Hosts, and the Golden Rule

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In early 2020, just before the pandemic kicked into high gear, I was in Lahore, Pakistan. One night, I was hosted for dinner by a billionaire philanthropist. The dinner was at his lavish home and, as I was the guest of honor, he led me to the buffet and lifted the lid on the first dish. “This,” he announced, “is lamb brain curry. Very good.”

I tried not to be taken aback and rapidly assessed the situation. While I had no reason not to ladle a large helping of the grey goo onto my plate (I have no food allergies or intolerances, thank goodness), I had lived through the “mad cow disease” years and had a bias against brain food. On the other hand, I regularly ate haggis (still banned inexplicably in uncivilized quarters) and the thought briefly crossed my mind that this might be some kind of bizarre test (it wasn’t, of course). Ultimately, however, I partook in the brainy curry chiefly because I was a guest and didn’t want to offend my host. In case you’re wondering, I didn’t particularly like its taste or texture, though all the other dishes were delicious.

An increasing number of people have legitimate reasons for standing up and saying, “Please, sir, something else.” As many countries have become more ethnically diverse, it is more likely that people will have religious dietary restrictions. Concerns about climate change and animal welfare have also resulted in more vegetarians and vegans, as well as those who insist on organic food. And then there is health. Dietary restrictions on the basis of health are legion, ranging from caloric, cholesterol, or carbohydrate restriction on the grounds of heart health to mild intolerances and potentially fatal allergies.

The irony is that all of this is happening when—in the Global North at least—the variety of foods available to us has never been greater. While some of this variety is due to wrong-headed practices (New Zealand lamb should not be sold in Scotland; wait until spring

for your strawberries, etc.), it is also because of an embrace of multiculturalism (at least with respect to food), greater interest in the provenance of food, and—yes—concerns about health. So, in some ways, it should be easier than ever to cater to people with dietary restrictions. The problem is that more people are presenting with intolerances and allergies than ever before—and we do not really know why. The fact that we don't know why helps to fuel doubts about whether such complaints are legitimate.

Here, a little history might help. Strange reactions to food are not new. Hippocrates wrote of how cheese provided great sustenance to some but that “others came off badly.” The title of my book on the history of food allergy, *Another Person's Poison*, comes from the Roman poet, philosopher, and Epicurean, Lucretius (9855 BCE). Such reactions, often termed “idiosyncrasies,” were also described by Galen (130–210), by Ibn Sīnā (980–1037), and by Chinese physicians, as well as a host of early modern physicians (Smith 2015). By the time Charles Richet (1850–1935) coined the term “anaphylaxis” in 1902 and Clemens von Pirquet (1874–1929) coined the term “allergy” in 1906, idiosyncrasies to food were said to cause everything from asthma and migraine to eczema and gastrointestinal distress.

All of this, however, did not prevent such reactions from being controversial. Unlike most allergies, it is difficult to test for food allergies using skin tests. Instead, oral testing (eat this and let's see what happens) has long been used, leading to two diagnostic problems. First, many people don't seek medical advice when they (or their children) react badly to a certain food because they determine for themselves that a particular food is at fault. The existence of such people means that more people may have either allergies or intolerances than statistics would suggest. Second, food allergists have often relied significantly on patient testimony as regards their symptoms, not least because of the belief that many such reactions (unlike peanut allergy anaphylaxis, for example) can take hours or days to manifest. This

reliance on patient testimony has led to mistrust on the part of physicians, including allergists, who doubt that food allergies are as common as sometimes reported.

In some ways, the 1930s represented the zenith of respectability for food allergy. By then, allergy had become established as a medical subfield and many allergists had begun to specialize in food allergies. The decade saw the publication of both medical and popular books about food allergies and a number of diagnostic approaches (some still used, others abandoned) emerged to aid in diagnosis. Notably, almost every food was acknowledged as potentially being allergenic, although some were known to be particularly problematic. Food allergy, for a time, was treated seriously. Doubts would soon materialize, however.

Many allergists, for instance, became enamored by psychosomatic explanations for allergy, which emerged during the 1940s and 1950s. Symptoms of allergy, they argued, were not rooted in external exposure to allergenic foods, pollens, or molds, but were psychogenic in nature. Patients suffering from allergies during these decades were just as likely to be referred to a psychiatrist as an allergist. As Mark Jackson's research has shown, some allergists claimed that children with asthma were living in asthmogenic homes that were rife with domestic tension. In such cases, "parentectomies" were prescribed, usually consisting of the child being sent away for school (Jackson 2007).

Postwar concerns about food chemicals also exacerbated debates about the epidemiology of food allergies. In the same year as Rachel Carson's (1907–1964) *Silent Spring* (1962), food allergist Theron Randolph (1906–1995) published *Human Ecology and Susceptibility to the Chemical Environment*, a polemical attack on environmental chemicals and their impact on human health (Randolph 1962). Randolph also implicated processed food, and especially refined sugar and corn, for causing a significant amount of undiagnosed disease and suffering. But whereas Randolph had intended his book to serve as a clarion call to the medical community, he and similarly minded physicians found themselves increasingly

marginalized and ignored by orthodox allergists and other physicians. Similarly, when respected allergist Ben F. Feingold (1899–1982) began to publicize his hypothesis linking food additives and hyperactivity in children, he found himself frozen out by other physicians (Feingold 1974; Smith 2011). The gulf between those who thought food allergies and intolerances were causing a whole host of health problems, and those who thought this was nonsense widened evermore.

What finally gave (some) allergy sufferers the respect they deserved was the emergence of peanut allergy during the late 1980s. Prior to this point, peanut allergy had rarely been singled out as a particularly common or dangerous allergy. The only report of a fatal peanut allergy reaction I have found prior to 1988 was in a 1972 letter to the editor of the *Pittsburgh Post-Gazette*. Fatal food allergy reactions were discussed regularly in the medical literature prior to 1988, but none of them was caused by peanuts.

After 1988, however, peanuts emerged as a particularly potent and deadly allergen. Lobby groups soon began demanding better labels, more regulations, and increased awareness about the dangers posed by food allergies. The problem was that these groups, and the allergists who supported them, concentrated solely on the eight to ten most deadly allergens, such as nuts, milk, seafood, egg, and—above all—peanuts. Those who suffered from other allergies or intolerances—to gluten, corn, or food additives, for example—were left to their own devices. Today, we are left in a situation where some allergy sufferers are treated seriously, some are ridiculed, and everyone is at a loss as to why more and more people appear to be at odds with the modern diet.

So, where does that leave chefs, restaurant owners, caterers, dinner party hosts, and their guests? From Lahore, let's go to London and Locanda Locatelli, a Michelin-starred restaurant owned and operated by Giorgio Locatelli. Locatelli's daughter, Margherita, was born in 1996, and it soon became clear that she would have a very different relationship to

food than her father had. Allergic to approximately 600 foods, some of which could cause anaphylaxis, Margherita couldn't eat nuts, eggs, fish, or tomatoes, all staples of Italian cooking. Previously somewhat skeptical about allergies and intolerances, Giorgio Locatelli's perspective changed. And rather than despairing, he improvised and innovated, creating dishes not only his daughter could eat but that his patrons could also enjoy (Locatelli and Keating 2010).

Overall, therefore, I am quite sympathetic to Dean and her arguments about “epistemic injustice at the dinner table.” There is little doubt that a small minority of people state that they *need* “free from” foods for health reasons when they should be really saying that they *prefer* them. And a continuum of risk does exist with respect to dietary needs, ranging from the threat of fatal anaphylaxis to much more benign symptoms, such as mild gastrointestinal distress. But just as we accommodate dietary preferences on religious (e.g., kosher or halal food) or ethical (e.g., vegetarian/vegan) grounds, both those involved in the food industry and those of us who throw dinner parties should err on the side of being a good host to those who—for whatever reason—are less able to be as free in their diet as we are. Some people will take advantage. Most, however, will simply be grateful.

Over the past few decades, we have endeavored to create spaces that are safe and welcoming for everyone in society. We have wheelchair ramps and automatic doors, autistic-friendly and screaming baby cinema (I think the proper term is baby-friendly, but experience suggests otherwise), and try to make workplaces welcoming for people from diverse backgrounds. We do this for many reasons, but I like to think that essentially we do so because we know that we should treat others the way that we would like to be treated. For hosts, this means thinking a little bit about what it is like navigating the world where food is not only a form of sustenance but also a threat. For guests, it means realizing that ignorance

does not mean ill intent. It is not easy to create safe spaces for the allergic and intolerant. But it is possible.

References

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