bound iodine, total serum thyroxine, or tri-iodothyronine (T-3) uptake alone.

In a study similar to that of Dr. Evered and his colleagues various thyroid function tests (total serum thyroxine, free thyroxine, free thyroxine fraction, thyroxine: thyroxine-binding globulin (TBG) ratio and 24-hour uptake of ^{131}I) were compared in 43 patients with mild or overt primary hypothyroidism.⁴ The results are shown in the figure. The broken line indicates the lower limit of the normal range for each test (taken as 2 S.D.

below the normal mean for all indices except the 24-hour uptake of ^{131}I . Differences in the distribution of values for each index are clearly shown. In this particular group of patients free thyroxine and thyroxine: TBG ratio (a test too complex for routine use) were the best diagnostic tests for hypothyroidism. Only one patient had a free thyroxine value within 2 S.D. of the normal mean. Measurement of free thyroxine (or a free thyroxine index) appeared from this study to give more useful diagnostic results in hypothyroidism than total serum thyroxine, free thyroxine fraction (corresponding to T-3 uptake), or 24-hour uptake of ^{131}I .—I am, etc.,

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¹ Clark, F., *Journal of Clinical Pathology*, 1967, 20, 344.

² Gimlette, T. M. D., in *Modern Trends in Endocrinology*, ed. H. Gardiner-Hill, p. 58. London, Butterworth, 1967.

³ Howorth, P. J. N., and MacLagen, N. F., *Lancet*, 1969, 1, 224.

⁴ Harvey, R. F., M.D. Thesis, University of London, 1971.

Mediterranean Anaemia in Antiquity

SIR,—It has been asked by Colonel H. Gall (24 February, p. 488) whether there exists a clear account of sickle-cell anaemia or of thalassaemia dating from before this century. The following description is taken from the Hippocratic Collection, in the book entitled, "Concerning Internal Diseases," entry 32. It appears to refer to sickle-cell-thalassaemia, a disease known in Greece and Turkey,¹ and of which 56 cases have recently been reported from the Caribbean.¹ The translation

of the Latin version given by Ermerins² is as follows:

"Another disease of the spleen. It begins indeed in the time of Spring but more especially from the blood. For when the spleen is filled with blood it bursts out in to the abdomen, and sharp pains (then) attack the spleen, the breast, the shoulder, and under the shoulder-blade. The entire body is of a leaden colour and over the shins are minor scratches from which originate large ulcers . . ."

This is only one of the diseases of the blood described in antiquity. Galen describes hypochromic anaemia, Celsus bleeding (the "defibrination syndrome") from the bite of the snake "haemorrhoids." It is interesting because it describes a recognizable condition in which a precise diagnosis is possible.³—I am, etc.,

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London W.5

¹ Serjeant, G. R., Ashcroft, M. T., Serjeant, B. E., and Milner, P. F., *British Journal of Haematology*, 1973, 24, 19.

² Ermerins, F. Z., *Hippocrates et aliorum medicorum veterum reliquiae*, vol. 2., p. 360. Utrecht, 1862.

³ Akroy, M., and Lehmann, H., *British Medical Journal*, 1957, 1, 734.

Hysterectomy etc.

SIR,—I noted with alarm in a recent paper by Dr. J. M. Aitken and others (12 May, p. 325) that their patients had been "hysterectomized" and "oophorectomized."

I trust such mutilation of the English language will not be permitted in the *B.M.J.* again, lest henceforth our patients should be returned to us from hospitals appendicectomized, gastrectomized, thyroidectomized, cholecystectomized, or vagotomized and even pyloroplastied.

I suggest the best surgical approach to such neologisms in your pages is one of radical excision.—I am, etc.,

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Distinction Awards

SIR,—Dr. C. E. Astley (21 April, p. 182) appears to have completely missed the whole point of my letter (7 April, p. 56), where I stressed that the main criticism of the handling of this important matter of distinction awards was that though both the 1967 and 1972 ballots indicated that the majority of consultants (over 60%) taking part in each exercise wanted the present system changed, the Central Committee for Hospital Medical Services had concentrated instead on one aspect of the changes—namely, secrecy—and were prepared to shelve the whole problem for a second time because they could not obtain a definite opinion on this point. As Dr. Astley has not denied that the majority of consultants taking part wanted a change in the present distinction awards system, I find it difficult to follow his reasons to justify taking no further action on the whole matter because one aspect could not be clarified.

On the matter of secrecy, it was interesting that he felt that it was quite invalid to consider the opinions expressed in the 1967 ballot, having first circulated a badly worded questionnaire, one of whose objectives was to seek just such an opinion. Furthermore, I would respectfully suggest that Dr. Astley refers to the *B.M.J. Supplement* of 21

October 1967, p. 22, where a brief account of the 1967 ballot was in fact published, indicating some of the more important opinions expressed, together with the numbers expressing such opinions.

I would like to clarify the doubt regarding the comparison I was making between the 1967 and 1972 opinions on the secrecy issue. In each case the percentage quoted referred only to those commenting specifically on the detailed changes required and not the total poll. Dr. Astley is quite wrong in assuming that I was making a calculated guess in respect of those consultants not expressing an opinion on secrecy, as I most certainly made no such assumption. It appears most regrettable indeed that a responsible committee like the C.C.H.M.S., at its second attempt in five years to sound consultant opinion on the problem of distinction awards, is no further forward in giving us a definite opinion as to the detailed changes required, and instead is attempting to fog the whole issue by concentrating on, and making capital of, one aspect of the changes (namely, secrecy) while remaining seemingly oblivious to the wishes of the majority of consultants that the present system requires to be changed.—I am, etc.,

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** The Secretary writes: Both the 1967 and the 1972 questionnaires on distinction awards were framed after taking expert statistical advice. However, it is not possible to make a valid statistical comparison between the results of the two surveys. While there was a specific question about secrecy in the 1972 survey, the previous questionnaire did not include one. As reported in the Council's recent debate on distinction awards (*Supplement*, 19 May, p. 54) the C.C.H.M.S., far from "taking no further action on the whole matter," is still considering the subject, having referred it to its Negotiating and Executive Subcommittees for further study.—Ed., *B.M.J.*

Consultants' Superannuation

SIR,—I am appalled at Dr. Stevenson's circular to the profession (accompanying the B.M.A.'s booklet "N.H.S. Superannuation Scheme, Hospital Medical Officers, April 1973") suggesting that the Regional Hospitals' Consultants and Specialists Association's recent document on "Pensions Perspectives" is misleading. We had hoped that the medical establishment would welcome help in its continuing negotiations with our employers, but this is degenerating into a degrading shouting match.

The principal problem we had in writing "Pensions Perspectives" was in avoiding too many superlatives, since our superannuation is truly scandalous. How can Dr. Stevenson maintain that the B.M.A. has been effective in negotiations when the doctors are merely ordinary members of the N.H.S. Superannuation Scheme and the improvements in the scheme have been forced by the Social Security Bill now going through Parliament? The B.M.A. has failed even to gain us parity with the civil servants in our own Department, who have a similar pension scheme for a 1½% contribution instead of a 6½% contribution.