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Preference is given to letters commenting on contributions published recently in the *JRSM*. They should not exceed 300 words and should be typed double spaced.

The plague of Athens

With a degree of assurance Dr T Bazas categorically asserts that the plague of Athens was smallpox (December 1994 *JRSM*, p 755).

In fact as already pointed out (April 1993 *JRSM*, p 244) it is very difficult if not impossible to determine the nature of the epidemic disease known only by Thucydides's short description in *The History of the Peloponnesian War*.

As the clinical picture included gangrena of the extremities which occurs also in exanthematic typhus (and not in smallpox) several medical historians have suggested that this disease would have been typhus.

The smallpox hypothesis was already put forward long before Dr Bazas[1].

Furthermore, the latter obviously extrapolates when he writes: 'The disease was transmitted from person to person by droplets and not by insect bites', as no such indication is given in Thucydides's description.

The determination of the exact nature of this epidemic disease will thus ever remain an elusive mystery.

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REFERENCE

1 Béteau JP. *La Peste d'Athènes (430–426 av JC)*. Paris, 1934 mentions several authors from 1815 to 1926 making this hypothesis more recently formulated by Littman RJ, and Littman ML. The Athenian Plague: smallpox. *Trans Proc Am Phil Assoc* 1969;**100**:261–75

Are ethical committees reliable?

I was interested to read the article by Dr Hotopf (January 1995 *JRSM*, pp 31–33). He comments on the problems caused to potential researchers by the multiplicity of Local Research Ethical Committees (LREC), but does not appear to realize the problems caused to those LRECs who are asked to consider proposals formulated in a manner different from that which they have found to suit the requirements of their District Health Authority.

More importantly, he seems to overlook the facts of the present situation, namely that the Department of Health requires each District Health Authority to establish, and receive advice from its own LREC, and makes no provision for accepting advice from any other Committee.

I suggest therefore that he omits the recommendation most likely to lead towards the changes he wishes to see, i.e. that the Department of Health introduces a common application form for use by LRECs.

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Dr Samuel Johnson's illness: idiopathic pulmonary fibrosis not bronchiectasis

Dr Jerome M Reich (December 1994 *JRSM* pp 737–741) in his fulgent discussion of the pulmonary illness of Samuel Johnson hastily dismisses the importance of two key clinical symptoms in bronchiectasis: (1) the presence of copious, purulent sputum; and (2) the occurrence of repeated bouts of respiratory infections in childhood, adolescence, and early adult years. These two features unequivocally missing in Johnson's medical story are *sine qua non* for the diagnosis of diffuse bronchiectasis.

Then, what was the nature of Dr Johnson's distemper? I believe that Matthew Baillie's specimen of Samuel Johnson's lung provides the answer; the learned doctor had idiopathic pulmonary fibrosis (cryptogenic fibrosing alveolitis). Idiopathic pulmonary fibrosis usually affects individuals in the fifth and sixth decades of life; produces severe, uncontrollable bouts of dry cough; causes honeycombing of the lungs with cystic and bullous appearance; and induces, in inexorable cases, corpulmonale.

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Rickets and the crippled child: an historical perspective

I enjoyed greatly Dr Denis Gibbs' interesting and scholarly account of the history of rickets in England (December 1994 *JRSM*, pp 729–732).

Dr Gibbs gives the credit of the first detailed description of rickets to Dr Daniel Whistler whose thesis on the disease was published in Leiden in 1645. However, the *Dictionary of National Biography*[1] clearly shows that the original observations upon which Whistler's thesis was based were Francis Glisson's.

> He (*Glisson*) communicated his notes to other fellows of the College of Physicians, of whom seven added some remarks of their own. Dr George Bate and Dr A Regemorter were appointed to aid Glisson in preparing a treatise on the subject. As the work went on it became clear that he had made nearly all the observations and conclusions, and the other physicians desired him to take as his due the whole honour of the work. After more than five years of this open scientific discussion the book appeared.

The book, entitled *De Rachitide Sive Morbo Puerili qui Vulgo The Rickets dicitur, Tractatus*, was published in London in 1650. About Dr Whistler, the *Dictionary of National Biography* continues.

> In 1645 Dr Whistler, to whom, as a student in London, the knowledge of the investigation at the College of Physicians of this new disease was easily accessible, published at Leiden "Disputatio medica inauguralis de morbo puerili anglorum quem patrio idiomate indigenae vocant The Rickets". An examination of the dissertation shows that Whistler's knowledge was secondhand, obtained from Glisson himself in England and indeed he only lays personal claim to one thing, the proposal of the name Paedosplanchnosteocaces for the disease. Whistler was a young man trying to utilise