

and special hospitals with children's departments tend to lag behind children's hospitals; but as for the golden age of paediatrics, we fear that with present policies it will never arrive.—We are, etc.,

D. I. K. EVANS.
H. B. MARSDEN.

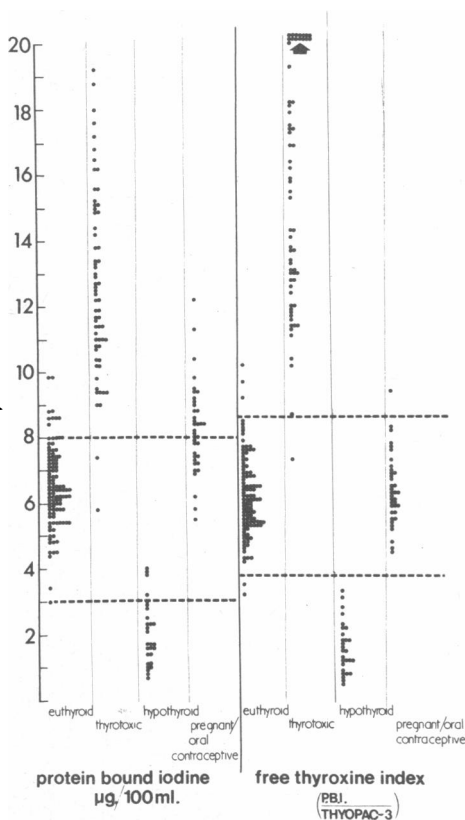
Department of Pathology,
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REFERENCE

¹ Central Health Services Council, *The Functions of the District General Hospital*, London, H.M.S.O. 1969.

Free Thyroxine Index

SIR,—The Figure shows the results obtained for protein-bound iodine, P.B.I. and "free thyroxine index", FT₄I: ($\frac{\text{P.B.I.}}{\text{Thyopac-3}}$), in 237 patients (108 euthyroid, 64 thyrotoxic, 28 hypothyroid, and 37 clinically euthyroid women who were pregnant or taking oestrogen-containing oral contraceptives).



The normal range for FT₄I (3.7-8.6) was obtained from the euthyroid group. As can be seen, diagnostic accuracy was improved in all groups when the index was used.—We are, etc.,

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Newcastle upon Tyne.

** The Figure should have been printed with the original letter on this subject on 30 May, p. 543. We apologize for this omission.—Ed., B.M.J.

Points from Letters

"Neutered Ladies"

Dr. MARY M. RAYNER (King's Norton, Birmingham) writes: After over two decades of working as a general practitioner my attention has been increasingly drawn to the "neutered" ladies of England. I have seen a pretty little protective mother of six leave her home town and turn into a prostitute literally overnight. This happened to one mother in her late twenties about 15 years ago and was rather a dramatic introduction to sterilization for me. Before this unfortunate experience I had noticed that many "neutered" ladies were living with gentlemen who were not legally their husbands. I have also been called in to see "neutered" ladies in tears and having little breakdowns because their husbands have gone off with "a proper woman; not like you". . . .

With the increase in demand for male sterilization I hate to think of the situations we shall have to face in our waiting rooms. Men may mistrust their wives, but I sometimes get a feeling that all wives distrust their husbands. If this is the tendency of the sexes then I would like to know whether any other family doctors have noticed the long-term results of "tying the tubes" and hysterectomies and also hear any comments on the future of family life with a "doctored" daddy. My mind boggles. . . .

Diagnosis of Crohn's Disease

Dr. T. G. GIRWOOD (Department of Radiology, Cumberland Infirmary, Carlisle) writes: I was very much interested in Dr. N. H. Dyer and Dr. A. M. Dawson's article on the diagnosis of Crohn's disease (21 March, p. 735) . . . I am in no doubt that by replacing the follow through method of small bowel investigation with the small bowel enema, and by the routine use of the double contrast colon enema the errors in diagnosis and the number of inadequate and inconclusive examinations could be very significantly reduced. I firmly believe that there are now no indications for the use of the traditional barium enema without gas contrast, and very few indications for the routine follow through examination of the small intestine in the investigation of intrinsic pathology of the intestinal tract.

Problems of Migraine

Dr. F. MANN (London W.1) writes: In a leading article of (9 May, p. 310) various drugs that may be used in the treatment of migraine were mentioned. The author has forgotten acupuncture. With acupuncture a large proportion of patients may be cured or alleviated of migraine, without any of the side-effects sometimes experienced by other methods. . . .

Pensions and Inflation

Dr. H. RANDLE LUNT (Derby) writes: . . . With monetary inflation due to taxation and strikes etc., our pension position is beginning to look ridiculous. With all our eggs in one basket and no employer other than this disreputable Health Service, agitation for better condition of remuneration seems essential, particularly with regard to new contracts offered to consultants. Is it too much to hope that we can obtain a new group of negotiators?

Clear Labelling

Dr. S. G. HAMILTON (Thornton Heath, Surrey) writes: As an old advocate of the labelling of all medicines except for a minority where it might not be in the interest of the patient, I agree with Dr. J. S. Stewart's suggestion of printing N.P. on the E.C. 10 Forms, which a stroke of the pen can cancel (2 May, p. 299). In this connexion, last month I was in the National Museum of Antiquities of Scotland, and was interested to see a display of Roman

medicine stamps found in Scotland. The caption read: "Small squares of oblong stones were used by oculists to stamp their medicines, which were made up in sticks. The inscription usually contains the name of the practitioner, then the name of the medicine, and lastly the name of the disease for which it was a remedy."

What Do You Mean by That?

Dr. J. H. BARON (London N.3) writes: It is not surprising that Mr. C. M. Boyle (2 May, p. 286) should have found "Differences between patients' and doctors' interpretation of some common medical terms." It is surprising that two out of 35 doctors at a teaching hospital should believe that the heart lies between the clavicle and the left nipple.

Children in Hospital

Dr. W. E. ST. C. CROSBIE (Bangor, Co. Down, N. Ireland) writes: . . . You rightly say (9 May, p. 309) that children in hospital need not be deprived of affectionate care even if they are separated from their parents. It is the duty of everyone on the staff to ensure that this does not happen, but especially is it the duty of the nursing staff. The nurse acts in *loco parentis* while the child is in hospital. She must have the necessary time to "care" for the patients in the widest sense of the term. In order to do this in an efficient manner her work-load must be regulated. This can best be done by the system of *case assignment*. A nurse should not be asked to "care" for more than four small children, and she should be assigned the same patients each time she is on duty. The nurse in a children's hospital has a more important role than her counterpart in an adult ward. She must enter into the lives of her patients while under her care. The nurse/child patient relationship is a close personal one. Hospital authorities must recognize that the minimum ratio of nursing staff to patients in a children's hospital or a children's ward should be one for one. If this is not possible for all the children in a ward it should apply to the child patients in the younger age groups.

Hearing Aids in Glue Ear

Dr. A. MARES (Rush Green Hospital, Romford, Essex) writes: I should like to voice my agreement with Mr. J. T. F. Keohane (9 May, p. 367). In the past ten years or so I have treated at least 2,000 cases of glue ear, and have never used a hearing aid for alleviating the deafness but managed to improve the hearing either by aspiration or by insertion of grommets (after having dealt with infected adenoids or sinuses). I have not seen a permanent perforation as a result of the treatment with a grommet.

Breathlessness and Anxiety

Dr. D. R. REDMAN (Royal Hospital, Sheffield) writes: Neither Dr. N. C. Oswald and others (4 April, p. 14) nor Drs. A. K. Zealley and R. C. B. Aitken (9 May, p. 363) have acknowledged the excellent paper by Burns and Howell,¹ which analyses the interaction of personality and associated factors on the symptoms of a group of patients with chronic bronchitis. They showed quite clearly that there is a group of patients with disproportionately severe breathlessness—that is, not tallying with the results of full lung function studies—in whom there was a much higher incidence of depression, anxiety, and hysteria than in the otherwise comparable control groups. In addition there was an excess of obsessional personality traits, and of psychogenic stress in the environment—bereavement in particular—in the test group. . . .

REFERENCE

¹ Burns, B. H., and Howell, J. B. L., *Quarterly Journal of Medicine*, 1969, 38, 277.