

I am sure the minority who disagree with this coding system are bound to put considerable pressure on the working party to thwart any attempt at producing a reasonable coding system. It behoves every doctor who believes in such a system to put pen to paper and urge this working party to produce a satisfactory system with the utmost speed.—I am, etc.,

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Radiology in the Doldrums

SIR,—Your leading article (10 February, p. 334) rightly emphasizes the deficiency in recruitment into radiology.

The immediate need is for a sufficient number of training posts to meet all demands, so that all suitable candidates can be trained in a teaching hospital near their homes. The regions must largely recruit from local graduates who will be stimulated to apply for training in radiology if they see its potential for themselves during their student days. Ultimately this can be achieved only by creating more academic departments of radiology in the provinces, and in this direction the initiative must come from the universities themselves, who at present seem not to have recognized that radiology is one of the more rapidly developing fronts of medical science.—I am, etc.,

THOMAS LODGE.

Sheffield.

SIR,—Your timely leading article on this subject (10 February, p. 334) comes two weeks after the new composition of the Joint Consultants Committee was announced. I see that there are 27 members, who now include representatives of pathology, anaesthetics, and psychiatry, but there is still no direct representation of radiology.

It is now generally recognized that radiology is a specialized subject on its own with its specific problems which cannot be solved by other members of the committee acting for us. I feel sure that it would be better for everyone connected with the practice of radiology if the two organizations—namely, the Faculty of Radiologists and the British Institute of Radiology—could forget past historical sentiments and unite, dare I say it, into a College of Radiology which would be responsible for one co-ordinated teaching programme.

I do not think that increasing the academic posts by themselves, although very necessary, will bring in more recruits, but an increased active effort should be made to inspire medical students and housemen to take an enthusiastic interest in the possibility of taking up radiology as a career.—I am, etc.,

Redhill, Surrey.

J. G. SOWERBUTTS.

SIR,—May I have the opportunity of commenting on your leading article on radiology (10 February, p. 334) and on the report of the committee for diagnostic radiologists of the Royal College of Physicians¹ on the serious shortage of diagnostic radiologists now facing this country?

It is not surprising to read that the number of radiologists who completed their training in 1966 was actually less than the number who emigrated. Of all the specialties senior

registrars and the younger consultants in diagnostic radiology are probably under the greatest pressure to emigrate. Advertisements for overseas vacancies show that appointments in radiology usually attract a far higher income than other specialties. A senior registrar with about four years' experience in the specialty may commence at the equivalent of £6,000 to £7,000, and an experienced consultant of average ability will earn £10,000, rising to £15,000 or more—incomes which will never be earned in this country, except in a very few instances. These high incomes are offered when resources are low and family financial commitments are beginning to increase. Coupled with this financial pressure to emigrate are the cramped and neglected working conditions of many x-ray departments. The position is further aggravated in the teaching hospitals, where radiologists are involved in teaching in addition to an increasing and more complex service commitment.

In the absence of an immediate hospital building programme, there is an urgent need to improve working conditions. Much could be done now in this respect, not only to benefit the radiologist and reduce potential emigration, but also to improve patient care and diagnostic accuracy.—I am, etc.,

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JOHN DAVIDSON.

REFERENCE

¹ Royal College of Physicians Committee on Diagnostic Radiology, Report, January 1968.

Emotion and Ileitis

SIR,—We have recently completed a retrospective study of 39 patients, seen at this hospital over a 12-year period, who had a confirmed diagnosis of regional ileitis (in press). With regard to aetiology of the disorder our findings are in essential agreement with those of Dr. F. Feldman and others (23 December, p. 711). However, in other respects we find broad differences.

While no evidence was found to support a psychosomatic theory of aetiology, in that psychological factors appeared neither necessary nor sufficient in genesis of the disorder, there was considerable evidence to suggest that psychological stress factors did contribute to the clinical course and probably the onset of the illness in some persons. The average follow up of the patients was 4.8 years, and over this period a clear association between psychological stress and an exacerbation of clinical symptoms could be seen in 64.8% of the group. There was also a high psychiatric morbidity associated with the illness—there being a definite link between length of illness and the necessary use of steroids, and symptoms of anxiety and depression as reported by the nursing and medical staff. A request for psychiatric consultation was made in 25.6% of the group, a rate five times the average for other medical and surgical patients in this hospital. The finding of Feldman *et al.* that as a group those with regional ileitis are "hypernormal" psychologically was not reflected in the data available to us.

Further points of interest emerge from our review. Only one of the 39 individuals was negro, although 27% of the admissions to this hospital over the same 12-year period were negroes, supporting the previously noted preference¹ that this disease has for

different racial groups. Also within this group six individuals had arthritic symptoms associated with the clinical onset of the ileitis. In another the arthritic disturbance preceded the intestinal disturbance. Thyroid disorder was present in three persons and peptic ulceration in six. Ulcerative colitis occurred in two patients. These findings of multiple "psychosomatic" disturbance in 38.5% of the group militate against the theoretical concept of a specific personality constellation predisposing an individual to a specific psychosomatic disorder.—We are, etc.,

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REFERENCE

¹ Van Patter, W. N., Barger, J. A., Dockerty, M. B., Feldman, W. H., Mayo, C. W., and Waugh, J. M., *Gastroenterology*, 1954, 26, 347.

Budd-Chiari Syndrome after Oral Contraceptives

SIR,—I was interested in your report of a recent further case of Budd-Chiari syndrome occurring in a woman taking the "pill" (24 February, p. 512). It is more interesting in the light of the acknowledged rarity of this condition.

Only 200 cases have appeared in medical literature to date. The diagnosis is commonly made only in the post-mortem room. The age range is between 17 and 70, males and females being equally affected, but the most common age is 28 to 34. Only four cases have been reported in the literature in women during pregnancy itself.¹ Aetiological factors suggested are the presence of congenital folds or valves, some error in development of the vein walls, or extension of the obliterative process of the ductus venosus to involve the hepatic veins²—all these mostly conjectural.

Certainly these recent six cases described in women on the pill (16 December, p. 660) must point more definitely to the pill being seriously implicated in thrombus formation.—I am, etc.,

Enfield, Middx.

IRIS KRASS.

REFERENCES

¹ Krass, I. M., *J. Obstet. Gynaec. Brit. Emp.*, 1957, 64, 715.
² Hirsh, H. L., and Manchester, B., *New Engl. J. Med.*, 1946, 235, 507.
³ Hutchison, R., and Simpson, S. L., *Arch. Dis. Childh.*, 1930, 5, 167.

Cranial Bruits

SIR,—Dr. H. Gareeboo (3 February, p. 294) states that so far cranial bruits in adults have not been reported in anaemia. However, in a comprehensive paper on the subject of cranial bruits Hamburger¹ mentions the case of a woman, aged 38, suffering from haemoglobinuria (Hb 40%). According to some old notes I made on this subject for an article,² Hamburger noted that J. D. Fisher read a paper in 1833, which was later published,³ stating: "Auscultation might hereafter prove to be an important means of diagnosis in cerebral as well as thoracic diseases."—I am, etc.,

Thames Ditton,
Surrey.

W. G. SEARS.

REFERENCES

¹ Hamburger, L. P., *Amer. J. med. Sci.*, 1931, 181, 756.
² Sears, W. G., *Guy's Hosp. Rep.*, 1938, 88, 308.
³ Fisher, J. D., *Amer. J. med. Sci.*, 1838, 22, 277.