Shortage of Radiologists

Str,—Dr. J. P. Grier suggests (3 February, p. 292) that the shortage of radiologists is the limiting factor in radiological services in his area. Personally, I find that the lack of purpose-built facilities, the large proportion of obsolete and inconvenient equipment, and the shortage of ancillary staff are the limiting factors in the amount of work I am able to do.

Given a well-equipped, purpose-built department, an increase in throughput of 10-15% would not be impossible. The problem is practically universal in the older peripheral hospitals and is simply an expression of the shoe-string improvisation seen outside teaching hospitals. Radiology is an expensive business which is always expanding and one which is probably unique in its dependence on its equipment for the quality of its results.

If we are to have any hope of keeping pace with the expanding work load, let alone the demand for open access facilities from general practitioners, priority must be given to modernization of x-ray departments—especially those in future district general hospitals—and adequate funds must be forthcoming. Once working conditions have improved, solution of any staffing problems will not be far behind.—I am, etc.,

J. K. JOHNSON
York

Subtypes of Hepatitis B Antigen

Str,—In their most interesting report on the distribution of hepatitis B antigen subtypes in Swedish blood donors and in patients with post-transfusion hepatitis, Dr. Sten Iwarson and others (13 January, p. 84) discuss the possibility of differences in infectivity and in pathogenicity between the two subtypes ad and ay. They conclude, however, that the different distribution of the subtypes in their groups "might reflect the radiological and biological differences in the two viral strains."

Studies of the subtype distribution in the same categories of patients in Copenhagen suggest that the epidemiological patterns in Denmark are different from those in Sweden. Subtype ad was found in 89 (95%) of 94 apparently healthy carrier of hepatitis B antigen and in 11 (92%) of 12 patients with post-transfusion hepatitis. Subtype ay also occurred in all of 17 patients with chronic hepatitis or cirrhosis of the liver and in 14 out of 15 patients with acute hepatitis without any known parenteral exposure or drug addiction. The only group of Danes, except for Greenlanders, in whom subtype ay is prevalent is drug addicts. Of these, 37 out of 42 yielded subtype ay, regardless of whether they were apparently healthy carriers or had acute hepatitis.

These findings agree with the opinion that the hepatitis B antigen subtypes are epidemiological markers of different strains of hepatitis B virus occurring in different population groups. However, these two strains of virus apparently show no difference in their ability to induce a healthy carrier state, acute hepatitis, or chronic liver disease.—I am, etc.,

SEYMOUR SPENCER
Oxford

Toxicity of Benzylole

Str,—I read with interest Dr. R. E. Hope-Simpson's experience with benzylole (3 February, p. 296). I have recently finished a double-blind study of benzylole and ibuprofen in 24 patients with classic rheumatoid disease. This study was for a period of eight weeks, with three weeks on each drug and a washout period in between. A point of particular interest was the symptom of tinnitus, which was complained of by four patients on benzylole in this series, sometimes associated with deafness. However, tinnitus with benzylole should not be regarded as a side effect but merely an indication that adequate salicylate levels have been achieved. An adjustment in the dose should relieve this symptom.

In most cases both drugs, apart from producing symptomatic relief, were found to reduce swelling and improve grip strength and functional capacity. There was also a reduction in erythrocyte sedimentation rate even in this short period. Out of 16 patients who stated a preference, 13 preferred benzylole. This study would therefore seem to indicate that benzylole is extremely useful as an antirheumatic agent.—I am, etc.,

K. HINGORANI
Queen Elizabeth Hospital, Gateshead

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