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Letters to the Editor should not exceed 500 words.

Radiology's New Chance

SIR,—Your leading article entitled "Radiology's New Chance" (24 May, p. 464) was, in its way, a challenging article. The subsequent correspondence has, however, been sidetracked on to conditions of pay and work for radiographers. This subject is one with which the Faculty of Radiologists has great sympathy and on which it has indeed tried to give practical help rather than merely by lip service, but it was not the main topic of your leading article.

There is no shortage of excellent recruits into radiology. The only problem is to find training grounds commensurate with the excellence of the candidates wishing to enter into it. There are a number of departments in the country that give excellent training, both tutorial and practical, to recruits, but there are many not able to do so. This is not the fault of the radiologists in those departments but the responsibility of the boards of governors, the regional hospital boards, and their medical advisers.

Radiology is now a clinical science, the centre of diagnostic medicine, concerned with basic anatomy, living morbid anatomy, dynamic physiological and pathological studies, and expertise in many minor surgical procedures far beyond the capacity of other doctors, and finally an ability to interpret the results of investigations against a background knowledge of the normal. The present shortage of radiologists creates the situation of inexpert and often inaccurate radiological diagnosis by colleagues.

The Faculty of Radiologists has drawn up criteria for the recognition of training departments. At present it endeavours to affect the provision or creation of these criteria by persuasion. To do otherwise would merely exacerbate the present shortage of radiologists by eliminating from the training arena certain departments with excellent staffs and excellent training material on the grounds that they are understaffed for training. This is the situation we have reached in September 1969. The Department of Health has recently refused to approve new consultant posts in some teaching hospitals on the grounds that there is a general shortage of radiologists in the country. Where, one might ask, are the radiologists to come from if not trained at the main centres ? And how can the main centres provide further training unless their staffs are increased ?

Academic departments at universities with an academic head are essential to provide the basic training. However, the Department of Health buries its head in the sand and regards this as the responsibility of the universities or the University Grants Committee. At the same time, universities say that such requests must take their place in the priority list alongside requests for a new chair in modern languages, or economics, or social anthropology. Figures show that there is no country in the western world with fewer established academic departments of diagnostic radiology than Britain.

Despite all this, let me assure young doctors that there is great opportunity in radiology. There are at present more than 40 vacant consultant posts in the country. But it must be quite clearly stated that the Faculty of Radiologists will only agree to the appointment of properly experienced doctors as consultants. In this age we can only have fully trained first-class radiologists.—I am, etc.,

J. H. MIDDLEMISS,
Warden,
Faculty of Radiologists.
Department of Radiodiagnosis,
Medical School,
Bristol.

Multiple Congenital Defects

SIR,—Your leading article on congenital cardiac defects in association with facial weakness (19 July, p. 127) makes interesting reading.

I came across a neonate with bilateral microtia, right sided facial palsy, and spinal defect (hemivertebrae) with atrial septal defect in India.[1] The association of ear defects and facial palsies is well known. Coexistent cardiac and spinal anomalies, however, made the case interesting. I wonder if spinal anomalies were among the skeletal defects encounted by Cayler.[2]

The many cases of this significant association of cardiac anomaly and facial weakness reported from a localized area is certainly remarkable. Sporadic cases, however, occur elsewhere. Your suggestion for careful examination of the heart in all infants with facial palsy may therefore be expected to pay rich dividends by way of early detection of congenital heart disease.—I am, etc.,

N. S. NAIR.
Mawenzi Hospital,
Moshi, Tanzania.

REFERENCES
1 Nair, N. S., and Mathew, O., *Indian Journal of Pediatrics*, 1963, **30**, 359.
2 Cayler, G. G., *Pediatrics*, 1967, **40**, 666.

Selective Vagotomy without Drainage

SIR,—Once more Mr. H. Burge is to be congratulated on his progressive views when he reports the results of treating duodenal ulcer patients by selective vagotomy without a drainage operation (20 September, p. 690).

I have not had the courage to eschew a drainage operation in unselected patients, but during the last 10 months I have carried out selective gastric and total abdominal vago-