diagnosis¹ must be prejudicial to objective thought in this context.

Clearly there is uncertainty about: (1) the true incidence of amoebiasis in Britain; (2) the clinical circumstances in which use of reference diagnostic facilities should be accepted as mandatory; and (3) the level at which reference facilities must be maintained to satisfy justifiable need. Might it now be responsible to consider a prospective study in which, for a limited period, as comprehensive a range of patients as practicable is subjected to the appropriate tests in an effort to resolve these uncertainties?

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¹ *The Times*, 15 March 1978.

SIR,—Dr S G Hamilton (26 August, p 633) reports his experience in treating large numbers of cases of diarrhoea in apparently healthy Europeans in central north India.

I would suggest to him very strongly that the reason why metronidazole was of such value in the treatment of what he thought was amoebic dysentery is that in fact he was treating epidemic giardiasis. The clinical history which he provides is clearly one of malabsorption, and the fact that it was cured in so many persons by the exhibition of metronidazole clearly indicates *Giardia lamblia* as the likely cause.

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Amoebiasis and corticosteroids

SIR,—I read with interest the paper by Drs P C Stuver and Th J L M Goud on corticosteroids and liver amoebiasis (5 August, p 394). I commend their conclusion that patients who have been in the tropics and who are being considered for corticosteroid treatment should be evaluated for amoebiasis. I will stretch the recommendation a little further to suggest that if a patient is being treated with corticosteroids and develops either (a) symptoms of colitis with bloody diarrhoea or (b) exacerbation of symptoms (as in their case 2 and in my case) of "chronic active hepatitis," the clinician should be alert to the diagnosis of intestinal or hepatic amoebiasis—more so if the patient has visited an area where amoebiasis is prevalent.

Recently I saw a middle-aged truck driver who had been travelling to and from Mexico and who had high fever, chills, right upper quadrant abdominal and right shoulder pain, and bloody diarrhoea. He was being treated elsewhere for hepatitis, initially as alcoholic with high-protein diet and multivitamins and later as chronic active hepatitis as suggested by liver biopsy. He had been treated with corticosteroids for over three weeks. Clinical examination revealed an ill-looking, febrile man in severe distress. He had a palpable, tender liver 10 cm below the costal margin; the remaining physical examination was essentially unremarkable. His leucocyte count was $19 \times 10^9/l$ ($19\,000/mm^3$) with 86% neutrophils and erythrocyte sedimentation rate 90 mm in 1 h. The stools contained vegetative forms of *Eutamoeba histolytica* and the indirect amoebic haemagglutination test positive in a titre of 1/1458. Chest x-ray showed the right dome of the diaphragm to be raised and fixed;

liver scan and B-scan sonogram revealed a large cystic lesion in the superolateral aspect of the right lobe of the liver.

Six hundred millilitres of sterile "anchovy sauce" pus was aspirated by the percutaneous method. The patient was treated simultaneously with emetine hydrochloride, chloroquine, and metronidazole with dramatic response.

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Syringe-transmitted hepatitis

SIR,—Dr H Gordon (30 September, p 953) questions the evidence on the risk of syringe-transmitted hepatitis by reference to the annual reports of the chief medical officer.

The proportion of patients with clinical features of hepatitis B to cases with subclinical and anicteric infection is believed to be as high as 1 to 30. Therefore the vast majority of cases of hepatitis, particularly in children, will not be recognised. It has been suggested that even under optimal conditions relatively few cases of hepatitis are notified. Notification varies from district to district and from country to country and according to a variety of factors such as season and holiday periods. As an example, every medical practitioner in a large metropolitan area health authority district was urged to notify cases of hepatitis; none were notified over a period of many months. It appears, therefore, that notification procedures require study.

There is no need to extrapolate the risk of hepatitis from intramuscular injections to the intradermal route, as testified by the outbreaks of hepatitis B associated with tattooing and acupuncture.

The economic burden of viral hepatitis in the USA in 1970 has been estimated to amount to more than \$650m.¹ The World Health Organisation's regional office for Europe, in collaboration with several member states, has undertaken a study of the economic aspects of hepatitis A and B.²

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¹ Tolsma, D D, and Bryan, J A, *Public Health Reports*, 1976, 9, 349.

² *Viral Hepatitis*. Report of a Working Group. Copenhagen, WHO Regional Office in Europe, 1975.

Hospital equipment "Which?"

SIR,—I read with interest Dr W Wintersgill's reply (16 September, p 828) to Dr P V Scott (26 August, p 632). I hope he is right that *Health Equipment Information (HEI)* will be of increasing interest, to both clinicians and other staff concerned with the use and maintenance of medical equipment. The current format of reports available is frequently limited to bench testing of equipment to check safety and performance profiles against the manufacturer's specification. While undoubtedly necessary, this gives very little help to me or our electronics engineer in our search for equipment that is reliable, sufficiently well designed to ensure easy maintenance, and safe and convenient for use

by the, inevitably, amateur user. What is undoubtedly needed is a user/patient-orientated evaluation to accompany technical reports and an assessment of the total capital and revenue consequences of purchase.¹ I would also mention that several reports requested from hospitals on the basis of *HEI* have not been sent.

Concerning distribution of *HEI* the mechanism remains mysterious to me and many of our administrators—the journals appear to pop up randomly in numbers, time, and location. Our district administration intends to set up an information room in which complete sets of official publications can be maintained for reference. The departments indicated on the contents page will be circulated with photocopies of that page only and will then be free either to consult the reference copy or apply for one of the spare copies on a first-come, first-served basis. We hope to track down their route from the Department of Health and Social Security to ensure that spare copies are held in one place only (as opposed to the eight different places so far discovered). We hope that this will be an economic and efficient mode of distribution at district level.

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¹ Davis, P D, and Shaw, A, *British Journal of Clinical Equipment*, 1978, 3, 222.

Medicine and the media

SIR,—I have just seen the reference (30 September, p 949) to press coverage of the Birmingham smallpox outbreak. Your correspondent AP observes in respect of the reporting by my own paper and the *Sunday Mercury* that "I began to wonder if the papers had had instructions to cool a potentially panicky situation." Indeed they had. My colleague, Mr Peter Slade, the *Mercury* editor, and I quite independently decided that it was our duty not to let the situation, serious as it was, get out of perspective. I am glad to see that, in your correspondent's eyes at any rate, we appear to have succeeded.

D H HOPKINSON

Editor,
Birmingham Evening Mail

Birmingham

Special care of human milk

SIR,—I would like to question your statement (leading article, 16 September, p 781) that "by the very nature of the babies in a special-care baby unit many of the mothers cannot provide fresh milk for every feed, and if human milk is to be used some system of milk banking is essential."

While the fact that a large proportion of mothers do not wish to breast-feed or to express or pump colostrum and milk for their premature or low-birth-weight babies who are unable to suck is beyond dispute, there are still very many mothers who wish their babies to be breast-fed and would be quite prepared to supply their own breast milk if they were only encouraged and helped to do so.

Although the sucking of a baby is the best stimulus to the breasts to produce milk, hand expression or pumping with an electric breast pump (preferably an Egnell one) does