as the critical year" for new developments in the Health Service and also as "a turning point." The new arrangements in general practice came into being and do indeed offer a better framework in which to practise medicine. But among the outstanding problems remaining are the closer co-ordination of the different branches of medical practice and improvement in the opportunities for postgraduate and continuing education. The justifiable complaint is still prevalent among registrars that training for a consultant career is overwhelmed by the provision of care of patients. Sir George criticizes the arrangement of hospital staffs in "firms" as tending to preserve "the wasteful, inalienable ownership of hospital beds by individual consultants." He complains that last year's report on management functions of hospital doctors produced by the Advisory Committee on Management Efficiency[2] seems to have had less attention than it deserved—but this may be because it did not inspire the confidence of some of the readers to whom it was directed. The general pattern that Sir George outlines is of large district hospitals ("we are still struggling with several times as many hospitals as we need") linked with groups of general practitioners, mainly in health centres, working in close partnership with hospital specialists. In an increasingly urban population such arrangements seem likely to be a natural development.

Though Sir George reports that "Broadly the health record of the year was favourable," it is evident from a later section of the report that Britain's health is not all it should be. Despite the risks of drawing conclusions from international comparisons of statistics it is impossible to dismiss as of no consequence Britain's relatively poor showing in this respect. The Ministry has ranked a number of developed countries by standardized death rate, late foetal death rate (stillbirths), infant mortality rate, and maternal mortality rate combined. In this list the United Kingdom comes eighth, bracketed with the U.S.A., despite its very different arrangements for medical care. Countries with better health statistics are, in order of ranking, Sweden, Switzerland, Australia, Netherlands, Canada, Czechoslovakia, and Belgium. Though such facilities as the health services of these countries provide are only part of the explanation for their ranking in the league table, any judgement on the N.H.S. must take account of the U.K.'s relatively low position. Are its priorities right ? is a question that has been asked before.

Wandering Oesophagus

Displacement and deformity of the oesophagus as found on barium-swallow examination provides a valuable aid to the diagnosis of many intrathoracic lesions. In most cases the changes are constant and do not vary during a single examination or even during successive examinations, but N. Shahin[1] has recently drawn attention to the fact that in cases of displacement of the lower third of the oesophagus considerable alteration in its position can occur. He describes this finding as "wandering oesophagus," a term which appears to have been first used by E. Zdansky.[2] J. F. K. Hutton[3] used the same term to describe a changing displacement of the lower third of the oesophagus in a case of mitral stenosis with enlarged left auricle. In his case he found that at one time the displaced oesophagus was pushed backwards and to the right (the usual displacement), while at a later stage in the examination, after a change in the patient's posture, the oesophagus slid over to the left. M. Brombart in his comprehensive monograph on the oesophagus[4] describes a similar case, and it is of interest that his patient complained of considerable pain when the oesophagus was displaced to the right but was quite free of pain when it lay to the left of the dorsal spine. Shahin found 12 examples of wandering oesophagus during a single year, and he suggests that the condition is more common than is generally realized and would be found more frequently if radiologists looked carefully for it.

The thoracic aorta commonly becomes dilated and tortuous with advancing age, especially in the presence of hypertension. These changes produce a characteristic displacement of the lower third of the oesophagus, which often shows mild compression, as described by P. G. Keates and O. Magidson.[5] The changes in position do not usually cause pain and only rarely are they associated with obstructive symptoms. The experience of Shahin and Brombart suggests that wandering of the oesophagus may well explain some of the cases of intermittent pain of oesophageal type, usually associated with dilatation and tortuosity of the aorta, but occasionally in association with mitral valve disease. In such circumstances it would be worth while subjecting the patient to the manœuvres described by Shahin to see if the displaced oesophagus changes position and to note if this change is associated with the pain. Shahin found that repeated acts of swallowing while the patient lay prone or while leaning forward were most likely to induce the oesophagus to wander.

International Relations

To foster contact between members of the medical profession throughout the world the Royal Society of Medicine has set up an Office for International Relations in Medicine. Supporting the venture are the Royal Colleges in England and Scotland. The first director of the office is Dr. Hugh Clegg, and perhaps a specially warm welcome for the choice may be allowed in this journal, for which during his 20 years of editorship he did so much to build up an international reputation. Nobody can doubt the need for such an office at present. The world of learning seems to contract the faster it goes, according to some relativity principle yet to be formulated. News by satellite and travel by jet have made neighbours of all mankind. Nowhere is this truer than in medicine.

The basis of the new office is to be a register of relations between British medical schools, medical institutions, and specialist medical societies with similar bodies and medical centres in other countries, particularly in the Commonwealth. Medical centres as well as individuals should find the register useful, and in helping to ease medical communication throughout the world it will be complementing the work of the Commonwealth and International Medical Advisory Bureaux run by the B.M.A., which are able to offer much help and advice to individual visitors. The address of the R.S.M.'s Office for International Relations in Medicine is Chandos House, 2 Queen Anne Street, London W.1.

[1] Shahin, N., *Israel J. med. Sci.*, 1967, **3**, 462.
[2] Zdansky, E., *Röentgendiaknostik des Herzens und der grossen Gefässe*, 2nd ed., Wien, 1949.
[3] Hutton, J. F. K., *Brit. J. Radiol.*, 1953, **26**, 50.
[4] Brombart, M., *Clinical Radiology of the Oesophagus* (English translation), Bristol, 1961.
[5] Keates, P. G., and Magidson, O., *Brit. J. Radiol.*, 1955, **28**, 184.