Reflux and Hernia

SIR,—Surgeon Captain T. L. Cleave (2 October, p. 50) approaches the problem of reflux and hiatus hernia from the physiological aspect emphasizing the normal variation in gastric motility in response to the volume of gastric contents.

I am sure his approach is sound. Recent work by Cohen and Harris¹ which he quotes and by Castell and Harris² has shown variation in gastro-oesophageal sphincter tone, probably dependent on the gastrin secretion and Heitmann³ has shown variations in sphincter tone in cases of sliding hiatus hernia.

Gastric motility patterns can be observed and oesophageal circular muscle motility patterns can be measured and both show variation, normal and abnormal. Oesophageal longitudinal muscle contractions are seldom observed and cannot yet be measured, and have so far been ignored. However, it seems likely that abnormal contractions of the oesophageal longitudinal muscle distract the oesophago-gastric sphincter to cause incompetence and cause hernia, so that the oesophageal shortening so often observed radiologically and by surgeons operating on these cases is the cause and not the effect of the hernia and the incompetence.

I have endeavoured to draw attention to these aspects⁴ which can be summarized in the statement that sliding hiatus hernia is a motility disorder of the foregut and especially of the oesophageal longitudinal muscle and not a localized anatomical lesion at the hiatus and that treatment, both medical and surgical, in order to be successful must take note of this.

This view of the problem arising from much experience in the surgical treatment of hiatus hernia points in very much the same direction as Surgeon Captain Cleave's.—I am, etc.,

K. S. MULLARD

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Southampton

¹ Cohen, S., and Harris, L. D., *New England Journal of Medicine*, 1971, **284**, 1053.

² Castell, D. O., and Harris, L. D., *New England Journal of Medicine*, 1970, **282**, 886.

³ Heitmann, P., *Deutsche Medizinische Wochenschrift*, 1970, **95**, 824.

⁴ Mullard, K., Hunterian Lecture, *Royal College of Surgeons of England*, 11 February, 1971, in press.

Job Hunting—Why Not Emigrate?

SIR,—As somebody who has worked in foreign countries and been treated with the utmost courtesy, I feel for Mr. B. S. Sengupta (2 October, p. 52).

Like Othello, he and many others are foreigners who have been employed here in positions of trust, authority, and responsibility; like Othellos they have done the State some service and we know it. All who work in the hospital service in this country recognize this—or ought to. That so many of these trained, skilled individuals are unwilling or unable to return home and use their talents where they are so much needed is one of the great tragedies of the contemporary medical scene.

I do not know the answer to their problem, but in the meantime these men and women, if we have nothing else to offer them, at least deserve our thanks and sympathy. It

ill-becomes us to summon them (or anybody else) to interviews when we know they will not be successful; still worse, and the height of incivility, is to ignore completely their application for posts.—I am, etc.,

W. K. COWAN

Newcastle upon Tyne

SIR,—May I be allowed to agree with a foreign colleague? (2 October, p. 52). I too have had this experience of being called to interview and told that I am too senior. Indeed I have also been asked why do I not emigrate. As an additional finesse which may be shared by others could I offer the following: a referee refuses to support one because he declares that one is not applying for jobs senior enough, thereby making it almost impossible to obtain them!

There is absolutely no doubt that these committees have their prepared candidates, and invite along others just to be on the safe side, in my opinion. The more insidious and bizarre the questions, especially the well known one which begins, "Doctor, you say here in your application that . . . You do understand, do you not . . ." the greater the chance that there is something to hide.—I am, etc.,

W. T. MENKE

Kettering and District Hospital,
Kettering, Northants

Tetralogy or Tetrad?

SIR,—Since you have taken the trouble to print Dr. John Matthews's letter on "Fallot's tetralogy" (4 September, p. 585) as well as my own longer variation on the same theme many years ago (28 March 1953, p. 733), one must presume that you support the plea for the abolition of this term in favour of "Fallot's tetrad." However, the fresh letter is likely to be as ineffective as the former and perhaps others earlier still.

The answer, Sir, is for you to agree with the editors of all the heart and chest journals to do your editing properly and, by use of your blue pencil, to see that the term "Fallot's tetralogy" never again appears in print.—I am, etc.,

R. T. D. FITZGERALD

Sheerness, Kent

Hospital Staff Appointments

SIR,—Rather belatedly (the *British Medical Journal* takes over one month to reach the Middle-west of America), I would like to comment on Mr. W. E. Jacobs's letter (14 August, p. 435) concerning the "irresponsibility" of junior doctors applying for jobs. It is time that those responsible for appointing medical staff reconsidered what it is like to be on the job circus. Good jobs are hard to come by; all jobs are a gamble. Because of the chaotic way in which the commencement and termination of jobs is arranged, a young man has to apply for several jobs at a time just in case the one he really wants goes to someone else. If he is accepted into a grade C post, he may well turn it down if he is later offered a better grade B job. You call this competition—competition for the candidate, not by him.

Today hospitals are little better than industry when it comes to making appoint-

ments. They are after the best man, and he is after the best job. The candidate is, from the onset, at a grave disadvantage as his mere appearance at the interview depends upon recommendations from his boss. He cannot even think of changing jobs without his boss knowing. No one in his right mind will admit at an interview to really being interested elsewhere, because the chances are he will not be offered the job.

The answer to this problem is two-fold. Firstly, those responsible for arranging and conducting interviews should consult the bigger industries and realize that their problems are in reality minor irritations compared with some. Secondly, the candidates at an interview should be graded, then the job offered progressively downwards. If the descent continues below the fourth or fifth candidate, the hospital should have a long hard look at the job it is offering.—I am, etc.,

A. S. CHILVERS

Mayo Clinic,
Rochester,
Minnesota, U.S.A.

SIR,—I see two serious dangers in Dr. J. de Swiet's proposal (25 September, p. 770) to deal with the candidate who accepts verbally the appointment committee's offer of a post and subsequently fails to take it up. Many mistakes can be made, and to wrongfully inform a referee that the subject of his reference has broken his word could be very damaging. The safeguard that is proposed, that a copy of the letter be sent to the alleged offender is useless, for many of these doctors are in temporary accommodation or are doing locums, situations where the forwarding of mail is always unreliable.

At the risk of upsetting Dr. de Swiet again I would point out that many appointments committees cover themselves when offering a post by saying that they are merely advisory, so allowing themselves second thoughts before the candidate is informed in writing. If the appointments committee is so anxious to secure the candidate it merely needs to get a formal contract signed on the day of the interview. This would be equally binding on either party in respect of a breach.—I am, etc.,

ROGER HOLE

Newcastle upon Tyne

The New F.F.R.

SIR,—The questions posed in my letter (28 August, p. 533) have been reinforced by the letters from Dr. C. G. Whiteside (11 September, p. 639) and others. So far no response has been forthcoming from those directly concerned with Faculty policy. Can it be that the questions are not answered because there are no answers?—I am, etc.,

F. PYGOTT

Isleworth,
Middx

Preclinical Salaries

SIR,—We have noted with interest the comments of a clinical colleague, Professor K. R. Hill (10 July, p. 116), and share his concern regarding the serious decline in recruitment of medical graduates to the permanent staffs