Reflex and Hernia

Sir,—Surgeon Captain T. L. Cleave (2 October, p. 50) approaches the problem of reflex 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 Harris 1 which he quotes and by Castell and Harris 2 has shown variation in gastric and oesophageal sphincter tone, probably dependent on the gastric secretion and Heitmann 3 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 disturb the oesophageo-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 aspects 4 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

Wessex Cardiac Thoracic Centre, Southampton Western Hospital, Southampton

1 Cohen, S., and Harris, L. D., New England Journal of Medicine, 1971, 284, 1073.

Tetralogy or Tetrod?

Sir,—Since you have taken the trouble to print Dr. John Matthew’s letter on “Fallo It’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 “Fallo It’s tetralogy.” 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 “Fallo It’s tetralogy” never again appears in print.—I am, etc.,

R. T. D. FITZGERALD

Sheerness, Kent

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, I believe others are foreigners who have been employed here in positions of trust, authority, and responsibility; like Othello 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

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 make comment on Mr. W. E. Jacobs’ letter (14 August, p. 435) concerning the “irresponsible” 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 commence ment 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 he then has to wait 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 application for posts is all that depends upon recommendations from his boss. He cannot even think of changing jobs without his boss knowing. No one in his right mind would submit an interview to really being interested elsewhere, because the chances he will not be offered the job.

The answer to this problem is two-fold. Firstly, those responsible for arranging and conducting the 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.

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. 629) 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

Ikeleworth, Beds.

Preclincial 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