gastric contents allowed bacterial growth and that erosion of the gastric mucosa was of bacterial origin. Examples of these cases were reported in 1972.⁶ It would appear that in some cases treatment with alkali is contraindicated. The methods used to stop massive bleeding have been irrigation of the stomach with iced saline, partial gastrectomy, and cannulation of the superior mesenteric artery and infusion of pitressin.⁸⁻⁹ None of these has been totally successful.

There is a further aspect to this problem. When samples are obtained during endo-bronchial suction culture revealed that the organisms in the respiratory tract were identical with those in the stomach. It appeared therefore that the stomach provided a reservoir of organisms and possibly prolonged the respiratory infection. Following these investigations, patients with a high intragastric pH with proved bacterial contamination were treated with antibiotics given down the naso-gastric tube. In two of these patients bleeding stopped. In Britain we have had one patient⁷ in whom a high pH, organisms, and free blood or accumulation of red cells were found in the intragastric contents. This patient was treated with dilute hydrochloric acid and no stress ulceration occurred even though artificial ventilation of the lungs proceeded for more than seven weeks.

Further investigations into this highly lethal condition are required. Antacids, however, as a "prophylactic approach" are not to be recommended without prior and repeated measurement of the pH and acid content of the gastric secretions.

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¹ Harkins, H N, *Surgery*, 1938, **3**, 608.

² Eiseman, B, and Heyman, R L, *New England Journal of Medicine*, 1970, **282**, 372.

³ Bryant, L R, and Griffin, W O, *Archives of Surgery*, 1966, **93**, 161.

⁴ Dragstedt, L R, et al, *American Surgeon*, 1956, **144**, 450.

⁵ Skillman, J, et al, *American Journal of Surgery*, 1969, **117**, 523.

⁶ Brooks, D K, *Advances in Surgery*, 1972, **6**, 289.

⁷ Brooks, D K, and Gilchick, M, unpublished observations.

⁸ Nusbaum, M, et al, *Annals of Surgery*, 1969, **170**, 506.

⁹ Baum, S, and Nusbaum, M, *Diagnostic Radiology*, 1971, **99**, 27.

Wessex Adjuvant Breast Study

SIR,—At a recent meeting organised by the Breast Trials Co-ordinating Committee a number of adjuvant chemotherapy studies were criticised on the grounds that they were unlikely to achieve an adequate patient recruitment.

The Wessex Adjuvant Breast Study was set up because of the desire of a group of clinicians to offer chemotherapy to node-positive breast cancer patients. We accepted that it was unethical to offer this form of therapy outside the context of a study and we therefore agreed to establish our own, no satisfactory alternative being available.

Since our study opened a number of surgeons have agreed to participate, but despite this recruitment remains low and it will be some years before we reach adequate patient numbers. Newer and larger trials that meet all our requirements for an adjuvant study are now available and we feel therefore that it is unethical for us to continue our protocol. Our reason for writing to you with this information is that we hope that the closure of our study may encourage others critically to examine the practicability of their own

programme, since there are obviously many British groups of comparable size to ours which are likely to experience very similar recruitment problems.

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Surgery after irradiation

SIR,—I should be grateful if any reader could give me some help with the management of a group of patients which have become a surgical nightmare. I refer to those with primary malignant disease of the tongue, floor of mouth, or laryngopharyngeal region who have failed to respond to radiotherapy. These hopeful and brave patients are subjected to surgery which is frequently followed by delayed healing and fistula formation and may require a series of reconstructive procedures carried out under the most difficult surgical conditions. In some cases inoperable recurrences appear by the time repair is complete. I have tried most of the techniques described in the literature (and a few that are not), but the high mortality and morbidity make me wonder whether surgery has any place in management. It certainly speeds up the demise of some of the patients, but that is not what surgery is for.

I should like to know, for example, whether it is better to carry out the resection and reconstruction very soon after the completion of irradiation, or will this mean unnecessary surgery on some who have been cured by radiotherapy?

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Appointments in Iran

SIR,—Dr E Grey-Turner, Secretary of the British Medical Association, writes (11 February, p 371) referring to disturbing reports which he has received concerning the conditions of service of some British doctors working in Iran.

The undersigned, all doctors working in this hospital, which is staffed by British-trained consultants, would like to make it clear that so far as we know these reports do not emanate from doctors now working in this hospital.

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M A SEDDIQ
F L A VERNON
H HEGGARTY
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NICHOLAS WOODHOUSE
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Doctors to tradesmen

SIR,—It has become part of certain consultants' symptomatology to behave in a

self-righteous manner whenever they discuss the role of the junior hospital doctor. Repeatedly we hear how they, as junior doctors, were forced to work Olympic hours on slave-like wages in sometimes primitive and inhumane conditions as if these criteria were part and parcel of the making of a good doctor with subsequent better patient care. They not only see their counterparts today as living a life style which makes them spoiled degenerates but also see their tame efforts at reform as outright insubordination and militant trade unionism.

In his recent letter entitled "Doctors to tradesmen" (11 March, p 633) Dr Eoin O'Brien subscribes to the idea that patient care is in jeopardy because of the shorter hours now worked by junior hospital doctors. Dr O'Brien equates continuity of care with quality of patient care, but is this always the case? Is it one doctor working 24 hours, seven days a week or is continuity provided under the present system whereby a junior hospital doctor works a basic 140 hours a fortnight (often being required to work longer)? Does he imply that leisure and sleeping hours be exchanged for a "thriving hospital mess" life? Dr O'Brien may have spent "many... entertaining hours" in this establishment. However, the present more mature doctors would prefer to spend their hours with their family and loved ones.

We hold that quality of care is maintained under the present system because an equally well trained alert doctor is assuming duties from his tired, overworked colleague who, contrary to Dr O'Brien's belief, always ensures that the former is fully briefed on all sick patients. Not to do this would constitute gross irresponsibility. ("Doctors and administrators may argue against the concept of continuity of care, but will the patient? Since the substitution of cross-cover for continuity of care, the patient, whether acutely or chronically ill, may be cared for by his own doctors during normal working hours, but when 5 o'clock, the weekend, or a bank-holiday comes God knows who will be called to him in his greatest need.")

It is unfortunate that the issue of adequate remuneration is central to the quality of patient care. Overworked, underpaid doctors do not provide a good service in a society imbued with social pressures and high standards of living. Times change and we change with them.

PHIL HARRINGTON
and 23 other junior
hospital doctors

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Reform of the GMC

SIR,—I would like to add my voice in support of what you have stated in your recent leading article "Most of Merrison" (4 March, p 532). The Overseas Doctors' Association believes that the Medical Bill now going through Parliament with the amendments concerning overseas doctors will be of great benefit to the medical profession and maintenance of high standards of medical practice. I wish the Medical Bill a speedy and successful passage through the House of Commons and plead with members of Parliament to give it their unanimous blessing.

Some doctors appear to have misunderstood my comments (17 December, p 1600) on