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CORRESPONDENCE

Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters should be signed personally by all their authors.

Posts in clinical rheumatology

SIR,—The report by Professor W Watson Buchanan and his colleagues on the poor quality of posts in clinical rheumatology (11 September, p 628) highlights the problems concerning this specialty in the U.K. Registrar and senior registrar posts in rheumatology and rehabilitation remain unfilled, even in teaching hospitals, and consultant posts with an emphasis on rehabilitation attract few or no applicants.

The change of the name of the specialty from "rheumatology and physical medicine" to "rheumatology and rehabilitation" has led to some confusion over what rehabilitation actually is. There are no clear guide lines on the type of patient a rheumatologist should rehabilitate. Should he be involved in stroke rehabilitation, rehabilitation of the young chronic sick patient, cardiac rehabilitation, geriatric rehabilitation, and so on or should he confine himself to rehabilitating patients with any of the rheumatic diseases? The emphasis in training is on rheumatology rather than rehabilitation and I would agree with Professor Buchanan and his colleagues that there is now a clear case for separating rheumatology from rehabilitation. Proper training programmes along North American lines should be developed if we are to attract junior staff to fill these vacant posts. Until this happens the work load, waiting lists, and staffing ratios will get steadily worse.

A J RICHARDS

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SIR,—I read with interest the article by Professor W Watson Buchanan and his colleagues (11 September, p 628). As an Edinburgh graduate I was surprised to find that I agreed entirely with the sentiments expressed by Professor Buchanan regarding the poor quality of posts in clinical rheumatology. He makes some proposals regarding conditions for consultant rheumatologists and I would add that adequate clinical facilities and supporting staff, including secretarial, should also be provided before the appointment is made.

For the benefit of prospective candidates I should point out that in the forthcoming appointment in North Staffordshire (1) there will be no rehabilitation content, (2) there will be two consultants in the specialty, (3) there will be more than 20 beds available in the department, (4) there are more than adequate research and teaching facilities, and (5) as a result of the hard work put in by the consultant physicians in the past there is a very high standard of junior staff in the district.

T E HOTHERSALL

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SIR,—The point made by Professor W Watson Buchanan and his co-authors (11 September, p 628) concerning the poor quality of posts in rheumatology is well made. He raises the apparently intractable problem of attracting staff to this Cinderella specialty. The problem is how to direct the young doctor from what he sees as the exciting or dramatic in medicine to those disciplines of great import with great opportunities like rheumatology, which is as much a specialty within medicine as cardiology, neurology, endocrinology, and so on.

Until all teaching hospitals have within their department of medicine a department of clinical rheumatology, with opportunities for students to be taught something about the subject, rheumatology will remain a Cinderella. The opportunity to do something effective for the rheumatic sufferer today is greater than exists in many other disciplines within medicine and the number of patients ("clinical material") is great.

Until general physicians refer patients to rheumatologists as routinely as they order radiography or 12-line biochemical analyses