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Late Advertising of Hospital Posts

SIR,—Because a junior doctor asked my advice about jobs, I looked at the advertisement columns of the current *B.M.J.* (21 July). I was impressed by two features: (1) The fact that so many posts are "out of step" with the majority by starting in September, October, or later. Appointment to one house post would make it difficult to find one with suitable timing subsequently. (2) The large number of posts for senior house officers and pre-registration doctors due to start within the next fortnight. In the *B.M.J.* for 21 July there were advertisements for 92 posts for S.H.O.s and 23 for preregistration doctors due to start on 1 August and 35 posts in this category with no starting date. One was required to start on 18 July, another on 19 July, another on 23 July, and another on 1 June 1973. One notice stated that the applicant was expected to take up his appointment in the last week of July. For one post applications had to be on a special form which had to be obtained and received by 24 July.

Why are so many of the posts advertised to start so soon after the advertisement has appeared? It is worrying for many doctors, particularly if married, to approach so closely to the end of their present appointment before securing the next; they are anxious about being out of a job; they cannot plan ahead; it is difficult for them to choose a job with the type of work in which they are interested in a region which would be convenient for them; and in the case of married doctors accommodation may have to be found for the family at a moment's notice. In many cases the long delay between submitting the application and an interview for the post due to begin a few days later presents additional difficulties.

Cannot some consideration be shown for junior doctors? I find it difficult to avoid the conclusion that the reason for the short notice given for most of these appointments is just administrative inefficiency and incompetence, with thoughtlessness for the doctors.—I am, etc.,

R. S. ILLINGWORTH

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Reaction to D-Penicillamine in Rheumatoid Arthritis

SIR,—We have observed an alarming increase of pain and extreme loss of joint mobility in two patients with rheumatoid arthritis after the initial doses of D-penicillamine, all other treatment having been withdrawn; neither had ever received corticosteroid therapy. The degree of incapacity and suffering was such as to engender marked apprehension both in patients and in ourselves at the prospect of persisting with the drug. In the event the dramatic deterioration endured for only 2-3 days without recourse to withdrawal of the treatment, and the subsequent response of the arthritis was most satisfactory. The pattern was closely similar in both and was unattended by evidence of other toxic reaction in the immediate situation.

The first patient, a 59-year-old man, had advanced rheumatoid arthritis of 10 years duration affecting the wrists, elbows, and shoulders but with little involvement of the lower limbs. D-Penicillamine was started in a dosage of 150 mg twice daily. The acute flare-up appeared after the fourth dose, only the upper limbs being involved. He described the pain as agonizing and by far the most severe he had ever experienced, preventing sleep and resistant to analgesics. The joints were acutely tender and the degree of immobilization such as to render it impossible even to manipulate a knife and fork. The adverse effects persisted for only two days, when they quickly resolved. He continues with 150 mg D-penicillamine twice daily and is much gratified with the resulting degree of improvement.

The course of events in the second patient, a woman aged 49 with long-standing generalized rheumatoid arthritis, in the immediate and subsequent periods was almost identical. Again all previous medication had been stopped prior to the institution of penicillamine in like dosage. She had formerly received two courses of gold injections with no attendant arthritic exacerbation. Unfortunately after six weeks' therapy she is now experiencing the disorder of taste which is known to occur in about one-third of patients on penicillamine therapy.

Chance must be dominant within our small series of penicillamine-treated patients since Dr. W. H. Lyle of Dista Products could ascertain knowledge of only one such reaction. This paradoxical effect has been reported in an occasional patient with Wilson's disease following penicillamine therapy. The principal limitation to the use of the drug has proved to be the high incidence of untoward effects; the dose instituted in our cases was small in accordance with the recommendation that thereby the incidence of side-effects tends to be reduced. Should the experience of others accord with our own it would signify that an almost immediate hyperacute exacerbation need not necessarily be regarded as a deterrent to persistence with the drug.—We are, etc.,

J. SHAFAR
D. HOLLANDERS

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