

nerves, and the virus has ceased to replicate, no amount of drug, however active against varicella-zoster virus, is of any avail. Zoster responds to idoxuridine in DMSO, but a strong solution must be used (35-40%) to get consistently good results.²⁶ The material must be applied continuously for three to four days; a piece of lint cut to the shape of the lesion is wetted with the solution and rewetted daily, and covered with further layers of lint, the dressing being kept in place with some bandage such as netelast. In the vast majority of patients pain has gone within seven days, and late sequelae are rare. Success depends on early institution of treatment. A few patients are sensitive to DMSO, which may produce wheals and itching. This is usually controlled with antihistamines. The pain in the acute phase of the illness must obviously be relieved with analgesics.

Considerable experience with cytarabine in both Britain and the U.S.A. suggests that its administration may achieve results comparable to those achieved with idoxuridine.²⁷ When zoster affects the sacral segments or the maxillary division of the trigeminal nerve—or when generalized zoster or zoster encephalitis occur—cytarabine should certainly be used, though these latter patients should be treated in hospital. A modest dose (3 mg/kg) the first day, followed by 2 mg/kg in a single daily intravenous rapidly administered dose for another three days has, in our hands, been remarkably effective. Vidarabine has shown promise.

Compared with antibacterial antimicrobials the few active antiviral agents that can safely be used in man are still formidably expensive. The cost of treating common herpes simplex lesions with idoxuridine is relatively trivial, but the average cost of materials used for a course of treatment for a zoster patient is still £30-60, a fact I—who have treated well over 600 patients—am acutely aware of. This treatment could safely be used in general practice and one hopes that the cost will decrease. Double-blind trials to evaluate the relative merits of cytarabine in uncomplicated zoster are in progress.

The cost, however, appears to be more than justified by the prevention of the consequences of zoster. The patient with zoster neuralgia which may plague him or her for many years is in a pitiful plight, and the doctor has little to offer. If the pain is unbearable the effect of a local anaesthetic to the nerve(s) should be tried. If relief is obtained and the patient is prepared to put up with anaesthesia, permanent blockade of the affected nerve—for example, with alcohol—must be offered. In pain in the trigeminal area, the effect of Tegretol (carbamazepine), so effective in “tic doloieux,” is worth trying. Large doses of

vitamin B₁₂ and other therapy with no scientific basis should be discouraged.

In acute zoster as in active herpes simplex infection the use of steroids must be discouraged. More often than not severe exacerbation of the zoster lesions is the result of topical or systemic administration of corticosteroid preparations.

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Medical Education

Applying for Junior Hospital Posts

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Two senior house officer appointments at Northampton General Hospital (610 beds) were advertised in the *British Medical Journal* in July 1972. These appointments were in general medicine and general surgery and attracted many applicants.

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The standard of the applications submitted varied greatly and it seemed that many of the candidates had done themselves less than justice. We felt, therefore, that it would be useful to analyse these applications and to suggest how they might have been improved.

Results

Altogether, 129 applications were received—89 for the appointment in general medicine (one year) and 40 for that in general

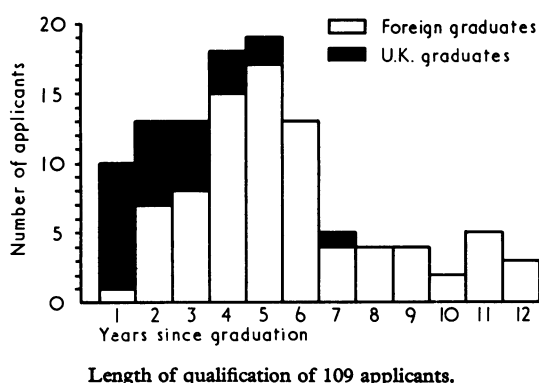
surgery (six months). All the applicants gave their names and addresses. Twenty (16%) did not state their age, 74 (57%) their sex, and 57 (44%) their marital status. Only three of the 43 doctors (7%) known to be married requested married accommodation and a similar number said that they did not require it. The wife's occupation was mentioned in two instances; one was a State-registered nurse, the other a doctor.

Of those applying for the medical post, 23 (26%) had graduated in Great Britain as had four (10%) of those applying for the surgical post. Of the medical applicants, 13 (15%) had the M.R.C.P. Part 1 and 17 (19%) had other postgraduate qualifications. Of the surgical applicants one had his F.R.C.S. and 14 applicants (35%) had their primary F.R.C.S.; eight (20%) mentioned additional postgraduate degrees or diplomas. Nine doctors stated their intention to sit the M.R.C.P. Part 1 and three the primary F.R.C.S. Only nine (7%) declared their career intentions.

Details of postgraduate appointments were generally adequate although only one medical applicant (1%) and four surgical applicants (10%) gave specific examples of the practical skills they had acquired. Six (5%) had published articles. Only two applicants (2%) mentioned non-medical accomplishments; one spoke four languages and the other was a sportsman. All gave the names of appropriate referees and 10 (8%) sent testimonials.

Altogether 99 (77%) gave no indication that they were applying for other posts. Of these, 56 sent in written applications, 20 typed letters, and 23 typed curricula vitae with covering letters. Twenty-seven (21%) used typed forms inserting the job applied for usually in their own handwriting. The remaining three doctors gave details of their career over the telephone.

In the chart we show how long 109 (85%) of the applicants had been qualified and relate this to whether they were United Kingdom or foreign graduates. Twenty (15%) did not state the year of their graduation.



Discussion

Apart from our concern that about 45% of the applicants for these junior training posts had been qualified five years or more, we were disturbed by the poor presentation or the inadequate content or both of many of the applications. It can, of course, be argued that a badly organized application reflects the calibre of the candidate. This is certainly true in some instances but there

are many exceptions. If our sample is typical, there are few doctors who would not benefit from advice as to how to make their applications more attractive. Time spent window-dressing could be time well spent.

Most junior doctors applying for posts are applying for several at the time and 21% of those in our survey advertised this fact by adding details of the post applied for to a previously prepared draft. Since many consultants like to feel that the post which they are offering has been selected in preference to others, this practice seems to be tactically unsound. There is no need to shatter illusions unnecessarily. It is surely better that these applicants submit up-to-date curricula vitae with covering letters relating to the particular job for which the application is made. Candidates should also use good quality paper rather than that obviously torn from an exercise book and they should ask senior colleagues to check over their applications.

Candidates for appointments advertised in the *British Medical Journal* are advised to state their name, age, address, nationality, and qualifications and to give details of their experience and appointments held. Most of these requirements were met but details of experience were often omitted. In particular, many of those applying for the surgical appointment might have done better if they had indicated the practical skills they had acquired in their training.

We think that senior house officer appointments should be part of a training programme directed towards a specialist hospital appointment either in Britain or abroad or towards a career in general practice. In making such appointments we are concerned to select those who are likely to benefit from training at this level and to obtain suitable posts afterwards. We were surprised, therefore, that only 7% of the applicants stated their career intentions.

Black,¹ in a "Personal View," wrote that it is almost impossible to make an application too short. This may be true if, as he was assuming, the candidate is sure of a place on the short list but this is rarely the case. "Expeditions to Shangri-La" must therefore figure in the application along with other "merit-acquiring enterprises." In this connexion it is difficult to decide what is meritorious, and perhaps the 98% of doctors who made no mention of their non-professional activities were wiser than they knew. Some consultants, for example, would be more than pleased to have an international rugby player on their staff; others could have reservations about appointing someone who might wish to be away playing for part of every weekend, not to mention training most evenings during the winter months.

No amount of good advice can increase the number of successful candidates for medical posts.² Nevertheless, a comprehensive and well-organized application will enhance a candidate's chance of being called for interview. We have found that many junior doctors submit poor applications and suggest a wider use of application forms. At present these are rarely used for posts below the grade of registrar. If natural selection operates they should surely be more helpful to applicants for senior house officer and pre-registration house officer appointments.

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