medical man should be unfamiliar with the requirements of war and disaster.

A G D WHYTE

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- 1 Gurd, C H, Bromwich, A, and Quinn, J V, *Medical Journal of Australia*, 1975, 1, 641.
- 2 O'Shea, R F, *Medical Journal of Australia*, 1975, 1, 649.
- 3 Degotardi, P R, and Grant, A F, *Medical Journal of Australia*, 1975, 1, 646.
- 4 Scott-Findlay, J, *Medical Journal of Australia*, 1975, 1, 644.

Misleading job advertisements

SIR,—As a junior hospital doctor I am a regular reader of your job advertisement columns. Over the past year I have noticed an increasing tendency to vague or misleading descriptions of the locations of the posts advertised.

The advertisements I refer to are of two types. Firstly, there are advertisements in which there is no mention of the hospital or hospitals in which the applicant will be required to work. The applicant is merely given the name of the area or district involved. More misleading than this is the other type of advertisement in which, although the hospital location of the job is not specified, the applicant is asked to write to an administrator based at a certain hospital. The unsuspecting doctor who reads this may think that the post is located at the same place as the administrator. Frequently this is not the case.

There is little doubt in my own mind that the cause of this problem is the remote bureaucracy that now prevails since the NHS reorganisation. I think it would be of benefit to your readers if you were to refuse to accept vague, misleading job advertisements of the kind I have mentioned.

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. Most advertisements do specify the hospital concerned, but we are asking health authorities to try to make their advertisements more specific in future.—ED, *BMJ*.

Diazepam withdrawal fits

SIR,—A young woman was admitted after taking a trifling overdose of unidentified tablets as a self-poisoning gesture. Forty-eight hours later she had three grand mal fits, becoming briefly confused. There was no previous history of epilepsy, but for three years she had been continuously taking diazepam 10 mg three times a day. This had been abruptly discontinued at admission. She had been under prolonged outpatient psychiatric care for anxiety symptoms arising out of sexual disharmony in her marriage. It was felt that the sudden withdrawal of prolonged diazepam medication rather than the overdose was responsible for the fits.

Diazepam withdrawal as a cause of seizures and psychological disturbance is insufficiently recognised in Britain, although Hollister^{1,2} has associated these with the prolonged use of diazepam and other benzodiazepines in the United States. As these drugs are now ubiquitously used the possibility should be

included in the differential diagnosis of fits (and delirium) occurring for the first time in an otherwise physically healthy young adult.

I VYAS
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- 1 Hollister, L, *Current Therapeutics*, 1972, 13, 65.
- 2 Hollister, L, *Clinical Use of Psychotherapeutic Drugs*. Springfield, Thomas, 1973.

SI units

SIR,—One hesitates to add further to the plethora of letters on the subject of SI units. Might I enter the suggestion, however, that the need for uniformity is based on a very patronising attitude towards doctors and scientists? Anyone not capable of converting the units of one system to another is hardly worthy of the name of professional man, especially in these days of portable electronic calculators, and anyone not capable of doing such a conversion is hardly likely to be able to give a very significant opinion anyway.

The obsession with uniformity would appear to be a bureaucratic activity favoured by those who have more time than work—rather similar to the situation which arose quite recently when metrication was introduced and it became the custom to pack instruments in sets of five as a "decimal figure" despite the fact that the instruments were normally used in twos. Unless uniformity produces advantages greater than its hazards it is not achieving its objective. Science involves order and measurement, but order and measurement do not constitute science, nor are they in themselves efficiency or reliability except to the non-intellectual ignorant mind.

GEORGE T WATTS

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Birmingham

Miliary tuberculosis presenting with polymyalgia rheumatica

SIR,—The case report by Dr D L Child (13 September, p 652) of miliary tuberculosis presenting with polymyalgia rheumatica requires clarification. The diagnosis of polymyalgia rheumatica, suspected on clinical grounds, is usually supported by a raised erythrocyte sedimentation rate (ESR) and a dramatic response to corticosteroids. Dr Child's patient initially had a normal ESR, and no information is given about the administration of corticosteroids or the interval of time before the appearance of the skin lesions. On the evidence the diagnosis of polymyalgia rheumatica is in doubt, and if steroids were used this could cast a different light on the development of miliary tuberculosis.

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Injectable quinine for falciparum malaria

SIR,—Dr Neena Stewart (20 September, p 705) rightly emphasises how delay in diagnos-

ing falciparum malaria can result in unnecessary death. Another delay in dealing with falciparum malaria may also have serious consequences—the hospital pharmacy may not stock quinine suitable for injection. Prompt specific treatment with intravenous quinine (quinine dihydrochloride injection BP) is the most important therapeutic factor in recovery from severe falciparum malaria.¹ (Parenteral chloroquine usually suffices if the infection is acquired in Africa, but chloroquine-resistant falciparum strains may also appear there at any time.) I know of one fatal case of falciparum malaria in which the hospital concerned held no stock of injectable quinine and inquiries at neighbouring hospitals also failed to produce an ampoule. How many pharmacies in British hospitals carry no stock of quinine ampoules?

H ALISTAIR REID

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- 1 Reid, H A, *Lancet*, 1975, 1, 167.

Junior hospital staff contract

SIR,—Following the publication of the Review Body's Supplement to the Fifth Report (HMSO Cmnd 6243) it is now possible to calculate the basic rates of pay of juniors of various grades. It is upon these rates, which are applied to the first 10 units of medical time (UMTs), that supplements will be calculated (Class A 30%, Class B 10% of basic salary).

Grade	Flat rate/UMT (£)	Class A rate/UMT (£)	Class B rate/UMT (£)
Junior house officer (JHO)	5.50 5.91 6.33	1.65 1.77 1.89	0.55 0.59 0.63
Senior house officer (SHO)	7.04 7.51 7.98	2.10 2.25 2.40	0.70 0.75 0.80
Registrar	7.98 8.41 8.84 9.23 9.83	2.40 2.52 2.64 2.76 2.94	0.80 0.84 0.88 0.92 0.98
Senior registrar	9.23 9.83 10.39 10.95 11.51 12.08	2.76 2.94 3.12 3.30 3.45 3.63	0.92 0.98 1.04 1.10 1.15 1.21

Having calculated these rates, it is possible to study some examples.

Example 1—The junior on an alternate night duty roster.

In a 14-day period he will work the following hours:

- (i) Weekdays—He will be on call for 24 hours for five days and work for eight hours in each of the remaining five 160
- (ii) Weekends—He will work one weekend and the Saturday morning of his weekend off 52

Total hours worked/14 days 212
Total hours worked/week 106

This is the equivalent of 10 UMTs (standard) plus 17 UMTs. With one free qualifying unit per week he will attract additional salary for 16 UMTs for 52 weeks of the year (remember that the new contract is based upon a prospective average weekly assessment).

The supplemental payments will be as follows: