on one. There are around 180 conditions to be considered in the differential diagnosis of any so-called rheumatic disorder.

(7) In the management and treatment of the more chronic and intractable rheumatic diseases one has to be a mixture of a good psychologist, an applied pharmacologist, have a practical knowledge of physical and occupational methods, be a respected father confessor cum general physician, in fact be a wide-spectrum and sympathetic therapist. A cowboy could cure penicillin sensitive pneumococcal pneu-

monia if he had access to the right drug, but it takes a proper doctor to treat and manage rheumatoid arthritis.

So for a young energetic man with a touch of the explorer or the missionary (or both) in him, here is your challenge. Your research may get nowhere, your new drugs may fail, your back may ache abominably towards the end of the clinic, but oh boy was it worth it? Yes, indeed. A thousand times yes!

F. DUDLEY HART

Correspondence

Septic arthritis due to *Pasteurella multocida*

Sir,

I read with interest the recent report of septic arthritis due to *Pasteurella multocida*.¹ Although *Pasteurella* is mentioned rarely as a cause of gram-negative pyogenic arthritis,² its occurrence has been documented previously in normal individuals as well as patients with rheumatoid arthritis.³ The illness is associated with an animal bite or scratch in most cases and responds favorably to prolonged antibiotic therapy, usually with penicillin G.

The demonstration by Williams and Fincham of disease due to a resistant *P. multocida* raises an important issue regarding therapy for animal bites and related infections. Most *P. multocida* are extremely sensitive in vitro to penicillin G.⁴ However, we also have observed relative resistance to penicillin G demonstrated by minimum inhibitory concentrations in several isolates from patients with severe infections such as osteomyelitis.⁵ These observations argue for sensitivity testing of *P. multocida* isolates in cases where response to penicillin therapy is not optimal. Furthermore, failure of prophylactic therapy with moderate doses of penicillin also should raise the possibility of resistant organisms.

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⁴ Rosenthal S L, Freundlich L F. In vitro antibiotic sensitivity of *Pasteurella multocida*. *Health Lab Sci* 1976; **13**: 246-9.

⁵ Spagnuolo P J, Friedman R I. Penicillin sensitivity of invasive and non-invasive *Pasteurella multocida*. *J. Antimicrob Chemother* 1979; **5**: 324-5.

Gold and penicillamine

Sir,

In their article Pritchard and Nuki¹ expressed the opinion that D-penicillamine and gold, because of the sulphhydryl groups, may have the same mode of action in the therapy of rheumatoid arthritis. In our opinion this would appear highly unlikely to be the effect of gold preparations, even when they are complex salts of acids containing SH groups. The gold which in such complex salts replaces the hydrogen atom of the SH group is firmly bound there. As a result, the concentration of free SH groups, present in equilibrium, is so small that it cannot possibly play an important role when compared with the therapy using other substances containing SH groups. But even if we regard the total S in the gold preparations as potential SH groups, the amount of SH-groups given during penicillamine treatment is of a much higher order of magnitude than the SH groups given during gold therapy.

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