employees. For some extraordinary reason employees earning over £700 in Rotherham are exempt. Let us beware; our turn will come. If 23,000 of us stand firm for freedom and stick to our principles, we shall prevail. And let us hope that the "leaders of the profession" will not jump into the big jobs, as they have in other walks of life, until the matter has been thrashed out to the very bottom to the satisfaction of the majority of the profession.—I am, etc.,

Rotherham. ERIC COLDREY.

SIR,—Many practitioners have expressed concern over the ill-informed attitude of the Councils of the Royal Colleges towards the National Health Service Act. Mr. G. Housden's timely letter, "Surgeons Up in Arms" (Dec. 21, p. 960), is to be welcomed. I have even heard the College Councils referred to in some quarters as the "Bevan Boys." It is to be hoped that these bodies will realize that they have a serious responsibility towards the public and the profession, and that in medico-political matters they will co-operate with the better-informed B.M.A.

The freemen of the profession are to be congratulated on the wisdom of their plebiscite decision. At last the B.M.A. has its mandate, and if the medical profession possesses the courage of the Willesden nurses the Association will not be lacking in strong support. United, we have the power to defeat the unhealthy designs of any political party. The problem confronting us is not primarily one of health. It is a purely political matter, the real motive being to control the doctors and thereby their certificates in order to secure the financial aspects of the social security scheme. This should be made clear to the public.

I believe I am not alone in the fear of a general moving towards National Socialism in Britain. If this is a true conception of recent events we have a clear duty towards the community as well as the profession to resist State control with all the power at our command. We must win the first round of the battle against National Socialism. Then, and not until then, we can proceed to consider a scheme designed to improve the *health* of the nation.—I am, etc.,

Guildford. J. O. M. REES.

Medical Students and the Act

SIR,—I am a medical student. It is not for me to condemn men of wisdom and experience in the profession I have chosen to follow, but medicine is my future and therefore I consider myself justified to take part in the somewhat vitriolic discussion on the National Health Service Act. Perhaps the term medical student may lead many to associate me with "adolescence." May they not be deceived. My wife is a general practitioner and I am ex-Indian Army and a liberal.

What I abhor in the approach of many doctors is their obvious disregard in their written criticisms for the social problems which exist in our over-industrialized community. No alternatives or secondary schemes have been offered to replace the National Health Service Act as it stands. Amendments cannot be classified as an alternative scheme. Recent correspondence has been metalled with "for the honour of our profession," "we utterly disapprove," and many similar utterances of indignation. The Government has been criticized, but no evidence exists in the public mind of a pitched battle on the grounds that the medical profession have put forward a more palatable scheme and that the Government turned it down.

The Act has become law. But will any doctor deny the need for a health service for the poor?—not necessarily a scheme governed by politics, such as the National Health Service Act. Why not a health service on the scale of an increased panel system to include the wives and families of their menfolk on the panel; or that all persons whose income is below a certain figure be included in the panel? The prestige of the B.M.A. would have risen greatly in the public mind if they had fought the Government with counter-proposals for a National Health Service. Instead the public are fogged and remain silent.

The public have risen as one body and with one mind over the nationalization of transport. Why did they not rise up and oppose the National Health Service Act? I suggest it was because they did not, and still do not, understand the full implications of the Act. The poorer classes need such benefits badly, and the remainder of the public are prepared to accept the Act on those grounds. There was no large-scale publicity plan to show the public that there were other ways of serving the basic purpose of the Act without the destruction of the profession as it is known to-day. Here I must class the medical student. He does not know which side to support. How can he without any guidance from the B.M.A.? He tends to support the national scheme, and looks on the present unconstructive attitude of the instituted members of the profession as the collective protestations of a hen being disturbed on her nest. I repeat, the B.M.A. has never enlisted public support against the Act. Who, or what body, is in a position to stand against the dictatorial impositions of the present Government? A handful of nurses broke up their methods. Surely such a powerful organization as the B.M.A., standing on untouchable ground, can find a way to institute a health service of its own? No doctor can be compelled to enter the State Service, and if all the writers in these columns of past months stand by their maxims of "for the honour of our profession," they will put their heart and soul into any such venture which might give the country one concrete instance that our Labour Government is not an idol to be worshipped under compulsion.

Lastly, it would be unwise to forget the small army of mature medical students now studying at universities throughout the country. Their support would be valuable to any counter-scheme started by the B.M.A.; but that support can never be obtained if they are continuously kept in the dark with regard to their own future.—I am, etc.,

London, S.W.6. DAVID MCQUEEN.

*** Mr. McQueen's suggestion in the third paragraph has been B.M.A. policy for many years.—ED., *B.M.J.*

Reiter's Disease

SIR,—From the many references to Reiter's disease that have recently appeared in the *Journal* it seems that several misconceptions exist on the subject. Much of the confusion would appear to be due to the fact that the disease bears Reiter's name, since the case described by him does not seem to me to have been a true example of "Reiter's disease" as we now know it. In his case (described in 1916) the illness was ushered in with severe abdominal pain, diarrhoea, and blood-stained stools, followed eight days later by a purulent urethral discharge with bilateral conjunctivitis and, on the ninth day, an acute polyarthritis. This appears to me to have been a clear case of dysenteric polyarthritis.

It is interesting to note that Feissinger and Leroy, in a study of an epidemic of dysentery on the Somme in 1916, noted before Reiter the same clinical syndrome (syndrome conjunctivo-urethro-synovial) in four of their cases. They also described a case of amoebic dysentery with conjunctivitis and arthritis. Dysenteric arthritis, often monarticular (it was so in all the cases reported by Bonnin and Kay), is a not infrequent sequel in some epidemics of bacillary dysentery, and although it may occur during the acute stage of the disease it is met with more often during convalescence.

Reiter's disease, as it is generally recognized to-day, is characterized by a clinical syndrome consisting of non-gonococcal urethritis, bilateral conjunctivitis, arthritis (usually polyarticular), and occasionally balanitis and keratodermia blennorrhagica. This was, in fact, recognized many years before Reiter published his case and was described by Launois in 1899. Launois's case was of venereal origin, and in my experience this is always so with this disease. It consists of a variety of non-gonococcal urethritis with blood-borne complications; it runs a protracted course and sometimes recurs after long periods of remission. Urethritis is usually of the Waelsch type and characterized by a longish incubation period and mild subjective and objective signs and symptoms. In some of my cases, however, there was a profuse purulent abacterial urethral discharge with pain and frequency of micturition. Cases have been reported with upper urinary-tract lesions, and a case at present under my care, which was admitted with haematuria, non-gonococcal urethritis, bilateral conjunctivitis, and polyarthritis, shows dilatation of renal pelves. In my series conjunctivitis was noted between 2 and 16 days after the appearance of the urethral discharge, and arthritis (always polyarticular) 1 to 6 days later. In one case, however, arthralgic pains in several joints were observed 2 days before the onset of conjunctivitis and definite articular involvement did not occur until 4 days later. Fifty per cent of my cases subsequently developed keratodermia blennorrhagica. I have also had several cases of primary non-gonococcal urethritis with metastatic complications but in which the syndrome was incomplete.