same point, and we support his sentiments wholeheartedly.

We are not, of course, suggesting that general practitioners are unsuitable for this work. We merely point out that they are not alone in carrying it out or necessarily able to give better advice and care regarding the prevention of possible adverse reactions. In many instances they do undertake these sessions at child health centres.—We are, etc.,

JEAN DAVIES
President

S. J. MCCLATCHEY
Secretary

Maternal and Child Health Group,
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Misdiagnosis in Still's Disease

SIR,—Your recent leading article (9 March, p. 406), which mentions most of the seronegative spondarthritides¹ affecting children, omits reference to Reiter's disease. This, though uncommon in juveniles, is not a great rarity; Lockie and Hunder² recently reviewed 21 adequately documented cases and the literature makes brief mention of a number of others. With most of the cases reviewed the onset was with diarrhoea and the established disease followed the pattern usually seen in adults, including the occasional case of monarticular involvement.³⁻⁵

We have recently seen three cases⁶ in boys aged 13, 14, and 15 years respectively. One of these was a post-dysenteric type and one presented with a monarticular arthritis. The 14-year-old developed the disease after sexual intercourse and already several recurrences have led to the development of a chronic erosive arthritis affecting the metatarsophalangeal joints of the feet. Jonathan Hutchinson⁷ noted the infrequency of "post dysenteric rheumatism" in Britain, and it is clear that increasing promiscuity in young people has not led to an upsurge of juvenile cases of Reiter's disease from sexually acquired infection. Nonetheless, we wish to make the point that among children with arthritis there will be the very occasional case of this disorder and misdiagnosis is quite likely if deliberate search for the often transient and inconspicuous ocular, mucosal, and genital signs is omitted in the early days of the first attack.—We are, etc.,

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J. A. H. HANCOCK

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University of Leeds

¹ Moll, J. M. H., and Wright, V., *Seminars in Arthritis and Rheumatism*, 1973, 3, 55.

² Lockie, G. N., and Hunder, G. G., *Arthritis and Rheumatism*, 1971, 14, 767.

³ Florman, A. L., and Goldstein, H. M., *Journal of Pediatrics*, 1948, 33, 172.

⁴ Jacobs, A. G., *British Medical Journal*, 1961, 2, 155.

⁵ Davies, N. E., Haverty, J. R., and Boatwright, M., *Southern Medical Journal*, 1969, 62, 1011.

⁶ Iveson, J. M. I., Nanda, B. S., Hancock, J. A. H., Pownall, P. J., and Wright, V. In preparation.

⁷ Hutchinson, J., *Medical Press and Circular*, 1880 (N.S.), 30, 2.

Alcoholism and its Identification

SIR,—On behalf of the Medical Council on Alcoholism I should like to comment on your leading article on this subject (20

April, p. 132). Much as we welcome the publicity you give to the grave problem of alcoholism and in accord with you as we are that much remains to be done, there is little doubt that our members, among whom are most of the leading authorities on alcoholism in this country, will feel that certainly in your last paragraph you do less than justice to the contributions of this council. We feel it is important and pertinent that the following facts should be known, not least to justify the benevolence of our financial supporters, among whom is the Department of Health and Social Security.

Letters and information on alcoholism, with an invitation to use our services, have been distributed to general practitioners throughout the Greater London area and in Lancashire and Yorkshire and are shortly to be distributed in the north-east. A film, "Alcoholism—a G.P.'s Problem?", has been made and widely shown in various parts of the country followed by discussion groups chaired or introduced by a member of the M.C.A. From all reports which come back to us these appear to have been successful and helpful ventures. Likewise two films on alcohol have been produced for teenagers and shown in schools and youth clubs. Good reports on these have been received. A film on treatment is being prepared under the overall direction of Dr. M. M. Glatt and parts of this film will be devoted to the treatment centres in London, Manchester, Edinburgh, and Cardiff. The *Journal of Alcoholism*, which the M.C.A. produces quarterly, is distributed free to over 20,000 doctors in the United Kingdom and also has an overseas subscription. Eight thousand handbooks on alcoholism written specifically for health visitors have been distributed recently and a distribution of 25,000 handbooks written in conjunction with the Institute of Nursing will be sent out shortly.

As regards research, a comprehensive cross-cultural sociological survey into the drinking patterns of the young in Ireland and England has been sponsored by the M.C.A. for the past 2½ years, and in the opinion of our research committee will, on completion, make a valuable contribution to our understanding of the recent trend towards increased drinking among the young. We are also supporting research into discriminative aversive control for alcoholics, prevalence of alcoholism, and management of alcoholism in general practice.

You rightly say that education within the profession is needed. We fully agree with this and in this sphere the M.C.A. has either organized or taken part in 36 seminars or discussion groups in various parts of England and Scotland during the past two years. A handbook on the facilities for the treatment of alcoholism has been distributed free to the majority of doctors throughout Great Britain and Northern Ireland. An international medical conference was organized at the Royal College of Physicians for five days in September 1973. It was attended by delegates from 18 countries and was favourably reported. The entire proceedings of this conference are about to be published. A one-day symposium for general practitioners was organized in conjunction with the Royal College of General Practitioners and one was also arranged for registrars in the London area and for

medical officers of health. *Notes on Alcohol and Alcoholism*, published by the M.C.A., has been in much demand and has already gone into a second edition. Under consideration at present is a scheme for additional instruction in the subject of alcoholism for medical students. We have a comprehensive library and are subscribers to Medlars and the Classified Abstract Archive of the Alcohol Literature. This service is used by medical and paramedical staff and students from various disciplines.

As you indicate, the overall picture does not give grounds for complacency but we do feel that more is going on behind the scenes than your article would indicate—and I repeat, it is to your last paragraph that we refer. Over the past five years few experts would deny a much greater awareness of alcoholism as a community health problem and we in the M.C.A. are very aware of this in the medical profession itself. It is vital that the many bodies concerned, both medical and paramedical, should work in close co-operation and should be aware of what is in fact being done, however slight the contributions might be in this vast and probably increasing problem.

The President of our Council, Lord Porritt, and the Chairman, Sir Thomas Holmes Sellers, both agree with the purpose and the content of this letter.—I am, etc.,

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Executive Director,
Medical Council on Alcoholism

London W.1

Training for General Practice

SIR,—It is time that steps were taken to curb the almost hysterical obsession with vocational training which is affecting those powers which control the destinies of general practice. No one will deny that some sort of preparation is required by the new entrant, but we will shortly be in the position that the young doctor, having completed his spell in hospital and wishing to enter general practice, will be required to repeat the clinical years of the medical course that he took while a student—quite a ridiculous situation.

When the trainee assistant scheme was started it was, of course, open to abuse, the trainee in some cases being used as subsidized extra help, but eventually responsibility for arranging suitable training courses fell upon the newly formed College of General Practitioners and, quite rightly, some form of control was exerted on both trainer and trainee, so that the imperfections of the scheme were gradually eliminated. Regrettably, however, the college has lost sight of the fact that the art of general practice can be acquired only by experience and cannot be taught in the university or by serving as a clinical assistant in a variety of hospital departments. The college also has the rather quaint notion that the granting of a diploma will turn an indifferent G.P. into a good one and a good G.P. into a great one, forgetting that academic knowledge does not guarantee a good practitioner. There is no substitute for the apprenticeship system, so that all that is required is a year as a trainee working under supervision, probably on a quarterly basis with four different practices in that year. The college has its uses since