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,
Society of Community Medicine
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London N.6

Misdiagnosis in Still's Disease

SIR,—Your recent leading article (9 March, p. 406), which mentions most of the sero-negative 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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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.,

DICK CALDWELL
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

there must be some means of organizing refresher courses, seminars, etc., but it must not be allowed to dictate terms of entry to practice.—I am, etc.,

J. MILLER AITKEN

Dundee

British Academy of Psychopharmacology

SIR,—The Collegium Internationale Neuro-Psychopharmacologicum (C.I.N.P.) was founded at the second World Congress of Psychiatry in 1957. At that time—five years after the introduction of chlorpromazine into psychiatric therapy—the foundation of this international association was an important contribution to establishing a platform for scientists from various branches to discuss and handle problems of mutual interest. Since then this international association has proved to be of considerable value for collaboration between basic scientists and clinicians. In the course of the past 15 years associations or academies have been founded in several countries aiming to promote development of psychopharmacology and pharmacopsychiatry. Collaboration between the C.I.N.P. and all national associations is close and effective. The C.I.N.P. Executive Committee always regretted that there had so far been no society or academy of psychopharmacology in Great Britain. This fact has been particularly regrettable as pioneering studies in many fields of psychopharmacology and pharmacopsychiatry were carried out by British scientists.

With pleasure we heard the news telling that a British Academy of Psychopharmacology has now been established (2 March, p. 391). It is my conviction that foundation of this academy will further stimulate psychopharmacology in Great Britain. Therefore I have pleasure in congratulating this newly established academy on behalf of the C.I.N.P. Executive Committee and in wishing it all the best for their future development. The C.I.N.P., as an international organization, will promote with emphasis the future work of the British Academy of Psychopharmacology.—I am, etc.,

H. HIPPIUS
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Epidemic Neuromyasthenia

SIR,—The finding of abnormal lymphocytes in some of the patients affected by epidemic neuromyasthenia (E.N.) in the Great Ormond Street epidemic (23 February, p. 301) is reminiscent of the Dalston (Cumberland) epidemic¹ in 1955, in which atypical lymphocytes were found in 30% of the patients and could be detected for as long as 18 months after the onset of the illness. This suggests that the prolonged convalescence in some cases is due to persistent smouldering of an infective process.

In a previous communication² I have drawn attention to the peculiar association of E.N. with poliomyelitis. E.N. appears to alter the normal epidemiological pattern of poliomyelitis. In 1955 the spread of an extensive type-1 poliomyelitis epidemic around the coast of Iceland was blocked by the appearance of a concurrent epidemic of E.N.

in two towns and also in a district (Akureyri) in which there had been a severe epidemic of E.N. a few years previously. Children in one of the towns affected by E.N. showed unexpected antibody responses to poliomyelitis vaccination the following year.³

The case incidence of both the Dalston¹ and Iceland⁴ types of E.N. shows an almost equal overall sex ratio, with male preponderance in some of the children's age groups, suggesting an infective, non-hysterical aetiology.

A new clinical entity, subacute myelo-optic neuropathy (S.M.O.N.), which appeared in Japan over 10 years ago has certain features in common with outbreaks of E.N. in other parts of the world. Controversy has existed as to whether the condition is caused by a virus infection or by the use of clioquinol for the treatment of diarrhoea. Both agents have been shown to produce similar neuropathic lesions and, when combined, appear to produce a severe neurological disorder with a mortality rate of up to 5%. I have watched the Japanese investigations with interest since a virus was isolated from patients suffering from S.M.O.N. which inhibited the growth of poliovirus.⁵ This effect was neutralized by serum from one of these patients. Then Inoue *et al.*⁶ reported the isolation of a virus, from which they prepared an anti-serum which neutralized the C.P.E. (incomplete cytopathic effect) produced by other viruses from the stools and also the C.P.E. produced by all viruses isolated from the spinal fluid of S.M.O.N. patients. They considered that the low neutralizing antibody titres in sera from S.M.O.N. patients might explain the subacute and relapsing course of the disease.

It was most unfortunate that the attempt to isolate the virus from the Great Ormond Street patients by Dr. M. J. Dillon and his colleagues was frustrated by a mechanical breakdown during a vital stage of the isolation procedure. However, until it is known whether Inoue's virus can be neutralized by sera from patients with E.N. it would be wise to avoid the use of clioquinol for diarrhoea in patients presenting with features of this syndrome.—I am, etc.,

J. GORDON PARISH

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¹ Wallis, A. L., M.D. Thesis, University of Edinburgh, 1957.

² Parish, J. G., *British Medical Journal*, 1970, 3, 47.

³ Sigurdsson, B., Gudnadóttir, M., and Pétursson, G., *Lancet*, 1958, 1, 370.

⁴ Sigurdsson, B., *et al.*, *American Journal of Hygiene*, 1950, 52, 222.

⁵ Okuda, K., *et al.*, *Brain and Nerve (Tokyo)*, 1965, 17, 895.

⁶ Inoue, Y. K., Nishibe, Y., and Nakamura, Y., *Lancet*, 1971, 1, 853.

Attitudes to Abortion

SIR,—Your leading article (13 April, p. 69) is a sad reflection of the confused thinking in current medical and national ethics.

From the time of Hippocrates until 1967 abortion was unacceptable to the majority of doctors. You admit yourself that it "is indeed distasteful to many people" (you do not suggest why this should be). Yet now you consider it "useful" that the Lane report may cause the fading away of "shrill

and emotional argument," and you accept that "no major changes will be made in abortion law in Britain in the foreseeable future."

Your use of these words implies an attitude of censure or at least distaste. But what is distasteful or reprehensible in arguing for the retention of a profession's ethical standards? And why should people not strive for the repeal of a law which permits the wholesale destruction of human life? Perhaps this is what you dislike as being "shrill and emotional"—perhaps the profession and the country would like to forget that this is what the Abortion Act permits. Yes, Sir, this is a matter for human emotion—the emotion of pity for the human being deliberately liquidated as surely as by bullet, bomb, or gas chamber. And yet you surely would lament the latter.

And if abortion is morally right in some cases, why not in all? What right has any of us to say that one fetus shall die and not another? Why not accept abortion on demand? Except in quantity it cannot be any more wrong than selective abortion, and if morally right, why deny any fetus the right to be killed? You must be consistent.

So do not decry the argument and protest, for if these fade we shall all suffer further devaluation of human life.—I am, etc.,

MICHAEL MORRIS

Buckden, Hunts

SIR,—In your leading article (13 April, p. 69) on the Lane Committee Report you state: "A conscience clause was manifestly essential when the Act came in, since many gynaecologists had sincere moral or ethical objections to abortion on some of the grounds introduced by the new Act. Seven years later the situation has changed." This to me implies that you do not consider a conscience clause necessary any longer. I hope that I am not quoting you out of context.

This is an extraordinary statement with wide implications involving doctors and their assistants. The Act recommended a fundamental change in historical ethics. The fact that abortion has become "conventional medical practice" does not reassure gynaecologists and others who have sincere moral and ethical misgivings. It merely confirms their worst fears.—I am, etc.,

P. GOLDING

Redruth, Cornwall

Alternatives to Animal Experiments

SIR,—We welcomed the Stephen Paget Memorial Lecture on this subject by Professor J. L. Gowans (23 March, p. 557), and we studied both it and your leading article (p. 528) with interest.

There are several points in both we would like to comment upon concerning certain conclusions drawn from the data presented, but confine these to the two issues implicit in the final paragraph of the lecture. For surely Professor Gowans would not claim that the twin assertions therein can be fully substantiated in the published literature.

The first concerns the number of animals required for the provision of culture material. One of the recognized advantages of such systems is their economy in this