member) was not in fact transferred from organism to organism. R factors carrying resistance to as many as six antibiotics (including streptomycin, neomycin, and sulphonamide) could, however, be transferred between species as well as between individual strains. R factor transference seems at the moment to be confined to enteric bacteria (*shigella*, *Escherichia coli*, salmonella), and the importance of having an antibiotic such as colistin sulphate, specific against such groups of organisms, is self-evident.—I am, etc.,

A. D. S. CALDWELL.

Pharmax Ltd.,
Dartford, Kent.

REFERENCES

- ¹ Lamb, R., *Scot. med. J.*, 1968, **13**, 9.
- ² Swift, P. N., *Clin. med.*, 1963, **70**, 76.
- ³ Smith, D. H., and Armour, S. E., *Lancet*, 1966, **2**, 15.

Medical Examination of Immigrants

SIR,—In view of the letter from Lieutenant-Colonel H. C. M. Walton (18 May, p. 427) I would refer to my previous letter (8 April 1967, p. 111) and that of Dr. G. L. Robinson (25 December 1965, p. 1547). In both the problem of the medical examination of immigrants was presented and a remedy proposed in the form of "clearing stations" in this country through which immigrants would be channelled and to which they could return as necessary. Medical needs are only part of this problem, but a hospital staffed by those who have some knowledge and understanding of other races (and the Dreadnought Seamen's Hospital has already been mentioned as an obvious example) would form the right type of nucleus.—I am, etc.,

D. A. C. PRICE,
Secretary, Dreadnought Seamen's
Hospital Management Committee.

London S.E.10.

Safety of Chloral

SIR,—In your issue (18 May, p. 409) your contributor has, I hope, written something which will rescue chloral hydrate from undeserved oblivion as a hypnotic. He described it as relatively non-toxic. In fact, I wonder if a case of poisoning from an overdose of chloral hydrate has ever been reported. If it were possible I think I should have killed someone myself, so liberal was my usual dosage. As a single-handed doctor in the country about 40 years ago I used it as a routine in all confinements. Encouraged by the advice of Trousseau and Pidoux,¹ I gave 60 gr. (4 g.) at the commencement of the second stage and repeated 20 gr. (1.3 g.) every quarter of an hour until the patient was sound asleep, only half waking with each pain. This went on as long as labour lasted; 120 gr. (7.8 g.) was usually needed to keep the patient sleepy enough. In one prolonged labour lasting about 20 hours the total amount of chloral spread over that time was 380 gr. (25 g.). The woman woke quickly, like all the others, probably from the amount of water taken to dilute the chloral aided by the loss of blood in the third stage.

I have lived since to disguise the bitter taste of the stuff, which, unless freely diluted,

sometimes causes vomiting. Beer, bitter beer, the more bitter the better, was recommended to me by a friend much addicted to that fluid, and, luckily for my knowledge of chloral, suffering from insomnia. I rather think (but I am not sure) that this was the Micky Finn slipped into the beer of sailors in public houses in the days of the press-gang. In a pint of beer a gramme or two of chloral would hardly be tasted and for safety would be preferred to laudanum, as naturally enough the press-gang wished their prisoners to stay alive.—I am, etc.,

London W.1.

A. J. HAWES.

REFERENCE

- ¹ Trousseau, A., and Pidoux, H., *Treatise on Therapeutics*, 1880, 9th ed., trans. D. F. Lincoln. New York.

Nutritional Folate Deficiency

SIR,—Patients with chronic renal failure who have severe terminal renal insufficiency are maintained on prolonged dietary restriction, using low-protein intakes or modified Giovanetti diets, and can develop suboptimal folate stores. When these patients enter regular dialysis treatment programmes, and lose significant amounts of folate during dialysis they commonly develop megaloblastic marrow changes.¹

These findings have been confirmed in our department, and we feel that this group of patients should be included in a review of nutritional folate deficiency (18 May, p. 377). I am, etc.,

J. C. MACKENZIE.

Renal Dialysis Unit,
St. Bartholomew's Hospital,
London E.C.1.

REFERENCE

- ¹ Hampers, C. L., Streiff, R., Nathan, D. G., Snyder, D., and Merrill, J. P., *New Engl. J. Med.*, 1967, **276**, 551.

Vaccinia in a Professional Boxer

SIR,—A professional boxer, aged 25, on 9 April fought a contest with a boxer who had recently arrived from Canada. During the fight close physical contact occurred, especially during clinches. His past history consisted of chicken-pox during childhood but was otherwise unremarkable. There was no reliable history of previous vaccination against smallpox.

On 13 April he noticed pain in the left ear followed by a vesicular eruption over the left side of the face and scalp. Initially a diagnosis of herpes zoster was considered. When I first saw him on 17 April his face and neck were swollen and the eruption was more extensive than previously, involving the left arm. On questioning, the patient had noticed that his opponent had two scabs on his arm consistent with recent vaccination marks. A diagnosis of vaccinia was made, and the patient was admitted to Rush Green Hospital, Romford, under the care of Dr. G. D. W. McKendrick, consultant in infectious diseases.

On admission general condition was good; no jaundice. Glands in the left posterior triangle were tender. Few scattered, pustular, erythematous eruptions noted on face, neck, scalp, left shoulder, arm, and axilla. Pulse 80/min., regular. Blood pressure 130/70 mm. Hg. Tem-

perature 98.4° F. (36.9° C.). Nothing abnormal in heart, lungs, throat, and tonsils.

Investigations: Haemoglobin 92%. White blood cells 5,500 per cu. mm.; neutrophil polymorphs predominant. Erythrocyte sedimentation rate 5 mm. in first hour. Throat swab and midstream specimen of urine normal. On 18 April blood culture was sterile; it was likewise sterile after two weeks' incubation. On 19 April swab from left eye, pus from eruptions, and swab from pustules all showed *Staphylococcus aureus* on culture. Chest x-ray showed heart shadow enlarged and pulmonary vascular markings increased.

The diagnosis of vaccinia was confirmed on egg culture and by gel-diffusion test. No specific treatment was given, and the patient was discharged on 3 May. Most of the lesions had dried, scabbed, and the scabs had fallen off.

In this case the evidence is strongly in favour of a transfer of vaccinia virus from one person to the other through physical contact. It is suggested that contests of this nature should not take place if one of the persons involved has incompletely healed vaccination lesions. Furthermore, any form of contact with lesions of this type should be treated with great caution, and if such contact is inevitable appropriate measures should be taken to ensure that no possibility of inoculation of the virus into susceptible individuals can occur.

I acknowledge the help of Drs. G. D. W. McKendrick and J. M. Medlock for their co-operation in allowing the use of their findings and pathological report.

—I am, etc.,

D. D. COWEN.

Hornchurch,
Essex.

Drug Addiction Treatment Centre

SIR,—As is well known through reports in the national press, there is a problem in Welwyn Garden City of abuse of heroin and methylamphetamine by young people. The North-west Metropolitan Regional Hospital Board established at short notice a treatment centre in the town without any prior consultation with local general practitioners, the medical officer of health, the hospital consultants, or junior staff. The R.H.B. was presumably acting on instructions received from the Ministry of Health.

The matter was raised at the Annual General Meeting of the East Herts Division of the B.M.A. The meeting considered this blatant disregard of the opinions of the local profession in all branches of the Health Service to be deplorable, particularly as many of the doctors were already involved in treating and advising addicts and their families. In consequence this Division has forwarded a motion for debate at the A.R.M., as it was considered to be a matter affecting all branches of the profession. The latter will, no doubt, object to Ministry control by edict. The meeting also instructed me to send this letter to you, Sir, on its behalf.

The Division's representatives in the R.B. are anxious to know if other treatment centres have been set up in this manner elsewhere in the country.—I am, etc.,

J. A. HERSEY,
Honorary Secretary,
East Herts Division
of the B.M.A.

11 Whitehorn Lane,
Letchworth, Herts.