among the refugees. Under the conditions prevailing at that time it was not possible to investigate each case in detail. The stools of twenty of these cases, however, were examined and in only one case was *V. cholerae* isolated. Taking into consideration the general health of the refugees and conditions prevailing in the camps it is more than likely that the majority of the suspected cholera cases were in fact cases of acute gastro-enteritis. Nevertheless the segregation of all patients suffering from diarrhoea and vomiting was carried out as far as possible.

In the whole of East Punjab, where about nine million people were involved in the exchange of population between the two dominions, 5,432 cases of suspected cholera were reported up to Nov. 1, 1947.

You further state that "both India and Egypt have had to be helped with supplies of vaccine." While offers of vaccine were certainly made to the Government of India from various countries, for which we are indeed grateful, the supply of cholera vaccine manufactured in the various institutes in India was more than sufficient to meet the demand of this country. Not only that, but the Government of India were able to supply 3,140,000 ml. of cholera vaccine to the Government of Pakistan, and 3,000,000 ml. to Egypt, the latter consignment being flown from Bombay to Cairo.—I am, etc.,

Office of the Director-General of Health
Services, Government of India, New Delhi.

N. JUNGALWALLA.
Major.

Morbidity Associated with the Induction of Labour

SIR,—In the *Journal* of Nov. 8, 1947 (p. 738), you published an annotation on the results of induction of labour, quoting a morbidity rate in mothers and infants of 25%. These results are so completely at variance with my own experience of induction that I should like to say a few words on the subject.

In articles written by obstetricians in recent years and at meetings of associations references to induction are frequent, but it is clear that no unanimity has yet been reached as to which method is best. In my own practice I now have records of induction in over 700 cases without any ill effects that could in any way be attributed to the induction in either mother or child. I have used induction for all the usual conditions, such as toxæmia, disproportion, and postmaturity, as well as for mere convenience in patients coming from a distance. I have used it at different stages of pregnancy from 33 weeks onwards and with unfailing success.

The method used is that of preliminary medicinal induction (castor oil, quinine, etc.), followed immediately by artificial rupture of the membranes at the internal os with curved artery forceps or the special catheter obtainable for the purpose. Labour comes on usually within 2-3 hours but may be delayed for a day or two in exceptional cases. I obtain as free a flow as possible and, if necessary, when the head is deeply engaged I push it up to permit the escape of fluid at the time of rupture.

No anaesthetic is required even in primipara except where there is undue rigidity or spasm of the vagina in a nervous subject. This applies to not more than one case in forty (primipara only). The average time of labour is less than those normally delivered. Since the instrument is never passed further than the tip of the finger by which the cervix is first dilated, no damage can be done to the cervix, the uterus, or the baby.

If there are good reasons for using any other method of induction I should be most interested to hear of them.—I am, etc.,

Trinidad, B.W.I.

M. SCHWARTZ.

Natural Position for Childbirth

SIR,—I was greatly interested in Dr. Kathleen Vaughan's letter (Jan. 31, p. 222). Some time ago I was called to attend a confinement in a gipsy encampment on the roadside. The parturient woman was housed in a makeshift tent composed of a few lengths of canvas stretched over a flimsy wooden framework. The patient was well on in her labour, and a short time previously had been going about her duties, drawing water, chopping sticks, etc., until her pains had become too strong to continue doing so. She had taken up a squatting position in the tent, and informed me that she was most comfortable "sitting on her hunkers." Just before the child was born she was supported on each side by two of the women. There was no difficulty in delivery of the baby, and the placenta followed shortly afterwards. On inquiry, the woman informed me that

she had had five other children—all born in the squatting position. Several other married women in the encampment told me that this position was adopted amongst them during childbirth as it seemed the "most natural-like."—I am, etc.,

Portadown, N. Ireland.

W. A. GREER HEATLEY.

Herpes Zoster and Varicella

SIR,—The association of herpes zoster and varicella in the same patient is uncommon. In a comprehensive review of the literature up to 1939, Ferriman (1939) analysed 98 cases. He came to the conclusion that the condition is most common in elderly men, and that the appearance of the varicella usually follows the zoster in five days. The appearance of varicella or herpes in contacts was noted by Kanof and Baer (1939), who described a case where the daughter of a man of 65 developed varicella six weeks after her father's initial herpes lesion. Almeyda (1942) described a case of a woman of 42 who developed herpes and, four days later, varicella. Her daughters, aged 13, 20, and 11, all developed varicella. The woman who worked in this household acted as a carrier, and conveyed the virus to her husband. He developed both diseases and died after a haematemesis. More recently Allen (1944) and Manning (1944) reported cases of a child of 5½ and a man of 63 who showed both diseases.

We therefore feel justified in recording the appearance of both diseases in a man of 65 and the development of varicella in an adult contact.

A man of 65, with no previous history of chicken-pox or herpes, first complained of pain in the left side of the chest on Nov. 27, 1947. Eight days later (Dec. 5) he developed a herpes eruption, but on the right side of the chest and the ulnar side of the right arm. The eruption corresponded to the distribution of C 8, Th 1, 2, 3, 4, 5. Two days later he noticed a few "spots" on the forehead. Examination showed a typical varicella eruption on the face and trunk. Twelve days later (Dec. 19) his daughter, aged 24, developed a varicella eruption on the face, trunk, and arms. She also had no previous history of varicella or herpes. At the time of writing (Jan. 7, 1948) the man has post-herpetic neuralgia, particularly in the arm. The skin surface is now unbroken. The daughter shows no fresh vesicles.

For this case of herpes we have used the method of treatment described by Gross (1947). This consists of the application of the following paint three times a day:

B
Aneurin hydrochloride (50 mg. per ml.) 1 ml.
Glycerin 3 ml.

So far we have treated about a dozen cases by this method and in our opinion the results claimed by Gross are justified. There is a diminution of pain when the paint is applied and the vesicles dry more rapidly than with collodion.—We are, etc.,

J. W. L. DICKSON
G. BLAIR.

Mjddiesbrough.

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Treatment of Rheumatoid Arthritis

SIR,—Dr. Imre Barsi (Jan. 31, p. 227) brings up again the question of treating rheumatoid arthritis by transfusion with blood from pregnant women. He dismisses, in my opinion rightly, the possibility that hormonal factors are responsible for the alleged improvement, but fails to find a definite explanation. May I suggest that the beneficial effect of this "new" form of therapy is based on three factors?

(1) It follows the line of treatment practised by rheumatologists for over twenty years as autohaemotherapy, which consists of withdrawing a suitable amount of blood from the patient (generally 5-10 ml.) and immediately injecting it intramuscularly. This method represents without doubt the mildest, yet a most effective, form of protein shock. In the course of several hundreds of such injections I have observed only very rarely an even transitory rise in body temperature. Nor have I found such a rise a necessary accompaniment of therapeutic efficiency.

(2) Having been strongly impressed by the fact that patients suffering from rheumatoid arthritis as a rule show a considerable