LETTERS TO THE EDITOR

SCHOOL MEDICAL EXAMINATION OF YOUNG CHILDREN


SIR—Having succeeded the late Lt. Colonel Osie Williams in Rhine Area I would like to comment on some aspects of his excellent paper on "School Medical Examination of Young Children" published in the October 1966 issue of the Journal.

His paper ably describes a very comprehensive but time-consuming method of clinical examination which will reveal a high proportion of defects particularly in those entering school for the first time in their young lives. However, it is well to remember that the great majority of children who present for medical examinations are normal by present day standards. Of the large numbers of defects uncovered in many of them relatively few will require special investigation, treatment or follow-up.

To support this statement the following more recent figures from schools in Rhine Area are offered. In the Spring 1965 term a total of 465 children were examined in ten schools using the selective system. Of these only 36 (7.7%) had mental or physical abnormality to a degree requiring specialist consultation. Many others, of course, were seen by their general practitioners and kept under observation or treated for varying periods for minor defects.

I myself, between January 1965 and June 1966, examined a total of 143 children in the 4 to 6 age group at one particular school and 69 of these children showed some defect. However only 31 were put under observation and/or referred to their family doctors and of these only 11 (7.7%) required specialist consultation and inpatient or outpatient hospital treatment.

I agree with the Editor’s comment that a prolonged and detailed peri-natal and obstetric history is unnecessary unless there is a definite indication. Lt. Col. Williams is quite right in putting emphasis on the need to visit the school periodically and to get to know the Head and the other teachers and to watch the children in class and at meal times. This is the only way to discover at an early stage the "at risk" children who will require more detailed clinical investigation.

Also the use of ancillary medical help in schools is invaluable as an aid to "screening" for "at risk" children. S.S.A.F.A. Sisters in Rhine Area render invaluable service in this respect and many are expert at visual examinations and audiometry as well as routine height/weight and urine testing.

Finally not least in importance is the opportunity for the doctor and school nurse to impart health advice on general or specific matters to parents of young school children during medical examination procedure. This is the real value of carrying out medical examinations in the school environment rather than in a medical centre. In other words the whole procedure is orientated towards health rather than disease, prevention rather than cure.

I am, etc.,

J. G. P. POWER

Medical Branch,
Headquarters Rhine Area,
British Forces Post Office 34.
9th November, 1966.

DERMOJET METHOD OF VACCINATING


SIR—Having recently been closely associated in B.A.O.R. with the initial trials of the Dermojet method of vaccinating with BCG I would like to draw attention to the need in the Army (and any other organisation where the health programme may require a rapid mass intradermal injection technique) for an instrument which will carry out intradermal injection accurately (both as to dosage and depth of penetration), rapidly and painlessly; combined with feasibility for use under field conditions.

Employing the method and instrument described by Griffiths and her co-workers (1965) the Dermojet is now under trial in a BCG vaccination programme of secondary school children in B.A.O.R.

Experience as the result of the first trial indicates firstly that the method is rapid; 40 children were quite easily vaccinated in one minute. Secondly it is practically painless and therefore highly acceptable to the patient. Thirdly the equipment required is simple, light and can be carried in the doctor’s bag. Ensuring a dosage of 0.1 ml of vaccine is still a problem, the Dermojet I used consistently delivering 0.06 ml which entailed adjustment of the strength of the BCG suspension.

Insufficient vaccinations with follow-up Heaf tests have yet been carried out to confirm the excellent results obtained by Griffiths and her co-workers which shewed no difference in conversion rates as compared with the intradermal method.

The ease, speed and high patient acceptability of the Dermojet method all indicate that provided the method gives as good results as the intradermal method that this is the method for the future for the military community not only for BCG but also for Smallpox vaccinations (a successful trial of its use is reported from Switzerland (PAN, 1966) and for TUBERC. The military doctor in B.A.O.R. may be faced with massive vaccination programmes (especially of families) when the sporadic case of enteric occurs or there is an importation of smallpox into Germany or U.K. The BCG vaccination programme in
The Albert Medal

B.A.O.R. still has quite a long way to go to achieve an adequate degree of protection against pulmonary tuberculosis and a quick accurate, painless method of carrying it out would be invaluable, enabling the hard pressed medical officer in general practice (and he is often hard pressed) to include BCG vaccination as a routine procedure in his practice.

Headquarters,
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28th December, 1966.

I am, etc.,

T. C. R. ARCHER.

REFERENCES


The Albert Medal*

The only Albert Medal in the possession of the Corps will be seen in the Head­quarter Mess on the wall beside the door of the ante-room. Awarded to Captain C. R. Hoskyn R.A.M.C. of Rugby for his conduct in saving life on 24th November, 1916 on the occasion of a serious railway accident at Gazaincourt, France. Captain Hoskyn crawled under burning wreckage and by his prompt action in amputating the leg of a man who was pinned down, enabled him to be extricated alive. The gallantry and initiative of Captain Hoskyn and other officers and N.C.Os on this occasion was praised by the G.O.C. Fifth Army and the Director General Army Medical Services in France.

The family doctor writes—

"Unique is the adjective fully justified for the gift Mrs. Hoskyn received on Christmas Day 1965. It helped to mollify the double shock of the loss of her husband followed two days later by a fall when she fractured the femur which failed to unite. A few months later I asked her what she was going to do with Dr. Hoskyn's Albert Medal which he had won in World War I while serving in the R.A.M.C. She asked for advice and quickly accepted my suggestion that it should be offered to Millbank. I therefore took it up to the Director General who was delighted to receive it. But he said at once, "Didn't he have other medals?". He had five. These she willingly gave, especially when I told her the D.G. had said that if we mount the six in a frame with the appropriate citation, the beholder will say, "What a man!!", whereas if he looked at the A.M. only he would remark, "An interesting medal ". Indeed it is being the only A.M. there, although V.Cs are numerous.

If you ascend the staircase to the mess of that famous Corps at Millbank you can see on the left in a well-designed frame the Albert Medal, the civil O.B.E., the medal of serving brother of St. John of Jerusalem and the three 1914-18 medals, familiarly known as Pip, Squeak and Wilfred. A photograph of these arrived on Christmas Day 1965 with an appreciative card from the D.G. The old lady showed her medals, with joy in her heart, realising her husband was among the immortals." RE.S.

*The Albert Medal (A.M.) Awarded for heroic acts in saving or endeavouring to save life on land.
Instituted 1877. Two classes 1st Class gold, 2nd Class bronze.