LETTERS TO THE EDITOR

VACCINATION BY JET INJECTION

SIR—Griffiths et al (1965) proved the efficacy of intradermal jet vaccination compared with the usual method of intradermal injection of B.C.G. vaccine in large numbers of schoolchildren. Power (1967) and (1969) in similar trials in B.A.O.R. and Hong Kong substantiated this research in Services schoolchildren.

A recent B.M.J. leader (1971) shows that multipuncture intradermal B.C.G. vaccination is also falling out of favour and the alternative jet injection technique is gaining acceptance. The Research Committee of the British Thoracic and Tuberculous Association (1971) reports that jet injection has all the advantages of the standard intradermal method, does not require concentrated vaccine, is economical in vaccine and is easy to carry out.

May I, therefore, repeat my plea that jet injection should be adopted by the Services. B.C.G. vaccination of schoolchildren by intrajet has gained widespread acceptance as the method of choice. Measles vaccination campaigns might also be suitable for this technique. In soldiers routine vaccinations against Cholera, Yellow Fever and even T.A.B.T. might be done by intrajet. Should widespread influenza vaccinations be required in case of an expected epidemic the method might also be eminently suitable.

I am, etc.,

J. G. P. POWER

Chief Medical Officer,
Headquarters UNFICYO,
British Forces Post Office 567.
30 November 1971.

REFERENCES


TOOLS FOR THE ARMY GENERAL PRACTITIONER

SIR—I was very interested in Lieutenant-Colonel Waller’s article in the October Journal and found it of help.

May I suggest the addition of two more items that I feel will increase the shine of a ‘professional polish’.

First is the Royal Air Force near point rule (52 cm long) used regularly in air crew medics to determine the convergent and accommodation powers of the patients’ eyes. It has printed on it N types of the sizes N5 to N12, a spot to focus onto, and a miniature Snellen scale for use at 30 cm.

Second, the addition of a pair of Skinfold Calipers (supplied by Servier Laboratories Ltd. in advertising Ponderax) is, in my opinion, a must if one is going to make a more accurate assessment of a patients’ ‘obesity state’.
In addition, I have found the use of a pocket torch with a flexible swan neck, sold for car enthusiasts, ideal for looking into mouths as the bulk of the torch is thus out of the way. Also, that an Eustachian catheter is excellent for removing Foreign Bodies from a nostril. The catheter being held firmly, is passed over the ‘body’ and down to touch the top of the soft palate, this causes the patient to flick his head back and thus the offending body is removed.

Medical Centre, Army Aviation, Netheravon, Wilts.
13 January 1972.

I am, etc.,

T. J. B. BRYAN

TOOLS FOR THE ARMY GENERAL PRACTITIONER

SIR—My late father, Dr. J. S. Struthers, one of your examiners, gave me the October issue of your Journal shortly before he died. It is a pleasure to see an account of military thoroughness applied to general practice. You ‘welcome the opinions of others’ so here are some! Even if the welcome is wearing thin could you forward my compliments and comments to Lieutenant-Colonel Waller.

My experience is civilian in the depth of the country and in a town. I entirely agree with the plan of having two bags, one for every day things and one for what is used perhaps once a month but essential on these less frequent occasions. I learnt my lesson with a single comprehensive bag in the muddy lanes of the Downs. I find that a separate throat torch is unnecessary if I take the speculum off the auriscope and use the auriscope light. The illustration in the journal unfortunately does not show whether the auriscope is an ‘operating’ one: I hope it is! I use Keeler’s and have found it proof against the ravages of patients, children and cars for 13 years.

I heartily agree about ear syringes, though I find women unable to wield the metal ones. A plastic kidney dish is useful for carrying the syringe as it stops it rattling and is not so cold for a patient when brought in from the snow.

Thermometers—I use so little now that I keep one dry in my bag, clean it after use and leave the passage of the next month or two to kill any tenacious bacteria. I lost a lot of thermometers from my pocket before I discovered how rarely a thermometer altered my course of treatment.

To the dental mirror I would add a dental probe (‘Ash’ No. 8) which is valuable for its original purpose as well as for a number of odd jobs.

Proctoscopes—disposable proctoscopes are marvellous, though I realise that to the military they raise questions of supply. I have never regretted not having a miniature proctoscope.

Sphygmomanometers—it is not only ‘nowadays’ that one would purchase a dial type. My Accoson is half the size and a quarter of the weight of a standard mercury one and, after 12 years of treatment that can only be called bad, is only inaccurate by more than 10 mm mercury over 200 mm. It is easy to check—wrap 2 cuffs in a bundle, with one attached to each instrument, and inflate both.

I am, etc.,

J. L. STRUTHERS
SIR—May I submit the suggestion that appropriate space in the Journal be allotted to the reporting of "Cases of Interest". This would, in my opinion, be of value in allowing the easy reporting of the practical aspects of difficult and interesting medical problems. Recent events which have occurred in this hospital, and are examples of what I mean, are:

A patient in status asthmaticus who required intubation and I.P.P. as a life saving measure.

An obscure problem of Heat Stroke.

A patient who recovered from a penetrating heart wound inflicted with a potato-knife by an irate wife.

I am, etc.,

J. F. WEBB

Cambridge Military Hospital,
Aldershot,
Hants.
18 October 1971.

(See editorial comment on page 59)