**Clinical and other Notes.**

**IMPROVISED METHOD OF VACCINATION.**

**By Captain D. S. Dick,**

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The following method of vaccination may prove useful in Unit M.I. Rooms where the authorized scale of equipment does not include the usual vaccinating knife but only the ordinary issue scalpels which are large and rather unsuitable for the intradermal introduction of calf lymph. It comprises a pair of artery forceps together with a fully curved suture needle.

The suture needle is clamped in the forceps in its middle point and the eye of the needle is used for taking up sufficient lymph from the bottles provided as sufficient for twenty-five persons by the Vaccine Laboratory. It gives a clean application and is economical in that the amount of lymph used can be readily controlled. The point of the needle is used for the intradermal incision and the view of the incision is not interrupted as it is when using a scalpel. It gives an almost pencil-like action and the length and depth of the incision can be accurately gauged and there is no risk of drawing blood or on the other hand of failing to introduce the lymph.

This method has been employed in this unit in over 500 cases and during this time there has not been one instance of a really bad arm and in no case did the subject require to be admitted to Reception Station or Hospital.

The use of a needle for vaccination appears to be quite popular in the Army but the technique may be original. The method is very economical in that one suture needle can be used for at least 100 cases. Also there does not seem to be an easier way of transferring the lymph from the bottle than by the eye of a needle and it is found that many more than the prescribed number, in fact double that number, can be successfully vaccinated with this method.

I am indebted to Colonel R. W. Galloway, *D.S.O.*, Assistant Director of Medical Services, for permission to submit this article for publication.

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**A REPORT ON A SERIES OF CASES OF SIMPLE ACUTE TENOSYNOVITIS.**

**By Captain H. Pozner,**

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*Relevant History.*—During the first few weeks of September, a company of an infantry battalion was detailed to help in the harvesting. Most of the men were occupied in pitching the sheaves and altogether about seventy
men were employed. After the first day, and up to the end of the week, men were reporting sick and complaining of weakness and pain in their right wrists. An investigation was conducted, and the following information was obtained.

1. Seven men reported sick with definite symptoms.
2. Four men complained but did not report sick although the symptoms remained.
3. Nine men had symptoms, similar in nature to those previously discovered, of such a minor degree as to cause no discomfort or disability.

Clinical Features.—In all cases the right wrist was affected, and the following symptoms were complained of in the order of incidence: (a) A dull ache leading to actual pain in the wrist; (b) weakness of gradually increasing severity; (c) a "creaking" in the wrist and forearm of all the cases who reported sick; (d) swelling in the more severe cases on the dorsum of the wrist.

The first symptom, which was an ache in 80 per cent of the cases, appeared at varying periods from two hours to five days after the commencement of the work. No symptoms of any sort appeared later than five days in any of the cases. Occasionally weakness in the wrist was the first indication of the condition and this was apparent in 15 per cent of the cases. Crepitus, as the first noticeable feature, appeared in only one case. Swelling as a clinical sign was demonstrated in 15 per cent of the cases.

Investigation.—On examination, most of the cases exhibited a slight wrist-drop. In the severer cases there was swelling on the dorsum of the wrist. Extension was painful and tender spots were demonstrated on the dorsal aspect of the wrist-joint over the extensor tendons. Weakness was apparent in semi-pronation. Well-marked crepitus was a feature of nine of the cases, again mostly apparent over the region of the extensor muscles of the thumb. There was no limitation of movement.

Diagnosis.—All these cases were diagnosed as simple acute tenosynovitis.

Treatment.—It was decided to treat these cases by rest and support. In the first four cases, the right hand was supported on a "cock-up" splint made of Kremer wire which was well padded, and the arm was then put up in a sling. In the next three cases a different procedure was adopted. The hand was flexed round a 3-inch roller-bandage and kept in position by an elastoplast bandage which covered the dorsal and volar aspects of the forearm and was secured at the wrist by a supporting band of elastoplast.

This position was maintained in all cases for seven to ten days and then the supports were removed and an ordinary supporting bandage was applied round the wrist. The less severe cases had wrist bandages and were rested.

Prognosis.—The prognosis was in all cases good. It was found that the wrist was not absolutely fit to perform its full functions until three weeks after the first appearance of the symptoms.

Remarks.—In order to get full recovery of function absolute rest was essential for at least one week. In those cases where a compromise was
attempted, and slight exercise was allowed, the results were poor. It is
necessary to commence treatment as soon as the condition is diagnosed if
there are to be no unfavourable sequelae. The elastoplast treatment was
better than the “cock-up” splint and, in the more severe cases, it is sug-
gested that a plaster splint would have been preferable.

Summary.—Although clinically the condition observed was a simple
entity there are a few interesting points.

(1) A surprisingly high incidence of this condition was observed in men
employed on the same job: 10 per cent of the men had the condition fully
developed. 29 per cent of the total number of men working had features
of the disability.

It is probable that these figures do not give an accurate estimate and that
the percentages were higher, since some of the men were only employed
for short periods.

(2) As the right wrist was affected this meant that at least 10 per cent
of the men were not available for weapon training for three weeks. Since
many battalions were employed in a similar manner the loss of man-hours
from a military-training view must have been considerable.

(3) In those cases which are not treated on firm lines there is the danger
of a permanent slight disability.

(4) This condition, which is not normally found amongst the men in
training, assumed the role of an occupational disease and could probably
be prevented by an elastic wrist support whilst the extensor muscles were
being used for some sudden, new function.

THE TENTH BRITISH RECORD OF ORTHOPODOMYIA
PULCHRIPALPIS RONDANI. (DIPTERA: FAM. CULICIDÆ.)

BY PRIVATE E. W. CLASSEY, F.R.E.S.,
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WHILST engaged on a survey of the insect fauna of the Hants-Surrey
border (to be published in “The Entomologist”) and in continuance of the
work done on the culicidæ of this area by Major T. T. Macan, R.A.M.C.,
I was fortunate enough to find a larva of Orthopodomyia pulchripalpis
Rondani.

The larva was found in one of a series of shallow pools in a birch wood
situated about three-quarters of a mile west of Brookwood, Surrey.

The occurrence is remarkable for the following reasons:

(1) O. pulchripalpis is an arboreal species and the larva has hitherto been
found only in rot-holes in tree-trunks. The only explanation which occurs
to me is that the larva may have been floated out from a very low rot-hole
by an abnormally high water level or washed out by an exceptionally heavy
rain. A sample of the water in the pool was obtained and proved to have a