The following observations were made :

Sampling: The conventional swab could not be passed through most external auditory meati and at times even through the widest ear speculum. It was found useful only in patients with wide external auditory meati or in mastoid cavities with wide meatoplasty. The newly fabricated swab could be used in all situation including narrow external auditory meati, and samples were taken through the sterile ear speculum.

Accuracy: With the newly fabricated swab a positive isolation and culture was obtained in 85 per cent of cases versus 58 per cent with the conventional swab. No contaminants were grown in the samples obtained with the new swab whereas 20 per cent of samples with the conventional swab grew contaminants.

Following this pilot study, all sampling from cases of chronic otitis media in our department is performed only with the new swab with consistently accurate results. Antimicrobial therapy depends on the isolation of the infecting organism and assessing its sensitivity. To achieve this accurate sampling of pus/blood/discharge without contamination and quick transportation of the

laboratory are essential. This has been achieved with the newly fabricated aural swab. Moreover, the swab is simple to fabricate, robust, reusable and cheap (Rs 2/- per swab). It can be used by any medical or paramedical person with minimal training.

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REFERENCES

1. Finegold SM, Martin WJ, editors. Diagnostic Microbiology, 6th ed. St. Louis: Mosby, 1982.
2. Rubin SJ. Specimen collection and processing. In: Howard BJ, Klan JH, Dubin SJ, et al, editors. Clinical and pathogenic microbiology. St. Louis: Mosby, 1987.
3. Baron EJ, Peterson LR, Finegold SM, editors. Diagnostic microbiology, 9th ed. 1994. St. Louis: Mosby 1994; 53-64.
4. Howard BJ, et al. Clinical and pathogenic microbiology, 2nd ed. St. Louis: Mosby, 1993; 227-8.

SCREENING OF BLOOD TRANSFUSION - AN EARLY EXPERIENCE

Dear Editor,

We wish to share our experience with respect to blood units found unfit for use following laboratory tests over a period of 3 1/2 years in an active blood bank of a 598-bedded hospital.

On an average, over 100 donors were bled every year. Ninety nine per cent of the donors were service personnel. After blood donation samples were promptly tested for VDRL, HbsAg and HIV 1 and 2. The VDRL was tested using Rapid Plasma Reagin (RPR) test, HbsAg by Reverse Passive Haemagglutination (RPHA) and HIV 1 and 2 by the HIV Tridot test kit. On an average, 0.8 per cent of the blood units were found to be unfit for use due to a positive test for one or more of these diseases. These findings correlate well with those obtained from other centres in India [1]. Some donors gave positive result for more than one test (Table).

It will be well appreciated that the individuals harbouring the disease were asymptomatic and so remained a potential source for the spread of the disease to others. It is likely that the incidence of these disease will increase

in future [2]. All blood banks must therefore stringently test blood as per the Government directives. This is not only a legal requirement, but as this limited data shows, it is ethically mandatory.

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REFERENCES

1. Nandi J, Bhawalkar V, Mody H, Elavia A, Desia PK, Banerjee K. Detection of HIV-1, HBV and HCV antibodies in blood donors from Surat, western India. Vox Sang 1994; 67: 406-7.
2. Lackritz EM, Satten GA, Aberle-Grasse J. Estimated risk of transmission of the human immunodeficiency virus by screening blood in the United States. New Engl J Med 1995; 333: 1721-5.