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We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Multiple-puncture tuberculin testing

SIR,—The tine tuberculin test is attractive because it is safe and easy to use, and non-medical staff should be able to apply it. However, the conflicting reports of the accuracy of the test, as highlighted by your leading article (19 May, p 1300), suggest an inconsistency which is undesirable in a simple epidemiological and clinical test.

Drs D J M Sinclair and R N Johnston in the same issue (p 1325) reported excellent correlation with the Mantoux test, as have others.[1-3] To put balance and perspective into the situation, studies with adverse comparisons, in addition to our own, should be mentioned. Manuel and Service[4] reported to a meeting of the Canadian Thoracic Society a study of 1278 subjects in which 45·2% of those positive to Mantoux testing were negative to the tine test; and Welke, Irsigler, and Kleeberg[5] found a remarkable 64% false-negative rate. The Food and Drugs Administration[6] in the USA, in a review of tuberculin testing, found 28·9% false-negative tine results in some areas studied but not all. Browder and Griffon[7] noted at least 23% of PPD-S-positive subjects had a negative tine test. Two groups of workers have found the tine test to be the least satisfactory of a number of multiple-puncture disposable tuberculin tests.[8 9]

These inconsistencies are obviously most unsatisfactory. Some investigators have suggested that the time of application of the tines is important, but it would seem that one second is satisfactory.[10 11] This is in accord with our own observations, as yet unpublished, that the introduction of old tuberculin from the tine unit into the skin depends on mechanical factors and not on dissolving from the tines. This suggests that an explanation for some of the great disparity in results could rest with the rapidity with which the disc is applied, skin tension, and the possible effects of different storage methods and variation in the temperature of skin and tine units.

Other issues were raised in the leading article, and we agree that further investigation of the variability of results obtained from experienced workers is highly desirable. We still feel we cannot support the use of the tine test unless the factors responsible for the varying results are identified and corrected.

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[4] Manuel, S R, and Service, G F, 1974, personal communication.
[5] Welke, H, Irsigler, G B, and Kleeberg, H H, *South African Medical Journal*, 1976, **50**, 2073.
[6] Food and Drugs Administration, *Federal Register*, part II (Skin Test Antigens). Bethesda, Maryland, US Department of Health, Education, and Welfare, 1977.
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[8] Furculow, M L, *et al*, *American Review of Respiratory Disease*, 1967, **96**, 1009.
[9] Donaldson, J C, and Elliot, R C, *American Review of Respiratory Disease*, 1978, **118**, 843.
[10] Schwartz, E, and Lubowitz, S, *American Review of Respiratory Disease*, 1963, **88**, 97.
[11] Patterson, I C, and Willey, R F, personal communication.

SIR,—Your leading article (19 May, p 1300) omits one important point in comparing the tine test with the Heaf and Mantoux tests. It is the only one that is stable at room temperatures and readily available without special equipment for use at the bedside.

Tuberculin testing in childhood remains a potentially important diagnostic measure which should be much more widely used in general practice than it now is. The tine test is prescribable on EC10. Systematic use in my own practice over the past 18 years has led to the identification of three new cases of open tuberculosis in adult contacts in a population of 2000.

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Injuries to boys who scramble

SIR,—Dr Maurice Place's paper (19 May, p 1322) provides interesting data relating to accidents to boys aged 6-16 indulging in motorcycle scrambling, and he concludes that