secondary care health delivery system is well developed and regular follow up is well ensured, we can design a larger study with an inbuilt system to assess the achievement of treatment goals periodically. This mechanism to audit comprehensive healthcare delivery in a condition like Type 2 DM which has such a significant impact on cardiovascular morbidity and mortality will be a huge step towards achieving improved health for our clientele.

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Col J. Muthukrishnan, SM*

Senior Adviser (Med & Endocrinologist), Command Hospital
(Southern Command), Pune 40, India

*Tel.: +91 8698951237.

E-mail address: jmuthukrishnan@hotmail.com

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Reply

Dear Editor,

We thank the reader for the keen interest he has shown in reading our article. There is lack of data on the effectiveness of therapy for Diabetes in our country. We agree with the reader's contention that larger studies should be planned to get a comprehensive picture of standard of care of Diabetes in our clientele. We feel Armed Forces Medical Services with its stratified structure of providing medical care is ideally suited for conducting the study and could take a lead in this respect.

The study design was formulated before the concept of individualisation of glycemic target was brought in diabetes care. We are not certain whether the outcome would have been any different even if we had used individualised targets.

The necessity for auditing performance is the first step in improving quality of care in chronic non communicable disease like Diabetes and we hope more attention is paid to this aspect of diabetes care.¹

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Col A.S. Menon*

Senior Adviser (Medicine & Endocrinology), Command Hospital
(Central Command), Lucknow 226002, India

Surg Capt A.I. Ahluwalia

Senior Adviser (Medicine & Endocrinology), Base Hospital,
Delhi Cantt, India

*Corresponding author.

E-mail address: menonara@yahoo.com

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Letter to the Editor

Dear Editor,

I read with extreme interest the original article titled “Major laparoscopic surgery under regional anesthesia: A prospective

feasibility study” by Singh et al. published in *Med J Armed Forces India* 2015; 71:126–131.¹

Laparoscopic surgeries have revolutionized the very outlook of surgeons. Gone are the days of large incisions and