- Should the same patient have had to undergo a major surgery it certainly would have been more challenging. Our article gives general guidelines to the anaesthetic approach of a patient with systemic sclerosis and also a discussion relevant to our patient. Though of significant importance, it was not feasible to describe in great detail the various other possibilities and clinical scenario that could have otherwise arisen.

Administration of Mantoux Test in ARMED FORCES MEDICAL SERVICES - Need for Change

Dear Editor,

- In most of the hospitals in armed forces at present, mantoux test is being carried out by the personnel of Station Health Organisation. Since these personnel are also responsible for administering BCG/other immunisation, this test is often combined with the rest of the immunisation. Since the immunisation in most of the centres is conducted once a week, mantoux test is also carried out weekly. For the patient, in practice, this means multiple visits to the hospital leading to avoidable inconvenience, wastage of precious man hours and delay in diagnosis. This practice therefore needs to be changed.
- Mantoux test is a clinical investigation and like any other investigation, should be carried out daily. Also, since all what this entails is a intra-dermal injection, there is no reason to restrict its administration by personnel of SHO/Health section.
- Following measures are suggested to make the administration of this important diagnostic test more patient and doctor friendly-
 - For indoor patients, the medical officer of the respective ward should indent PPD from the medical store of the hospital and administer the test as and when required and not at any fixed time or day. He should himself take the reading after the prescribed time, in order to reduce inter-observer variation.
 - For out patient department (OPD) patients it can be indented

Reference

- Skin and Musculoskeletal Diseases. In: RK Stoelting, SF Dierdorf, editors. *Anaesthesia and Co-existing Disease*. 3rd ed. New York: Churchill Livingstone, 1993; 427-57.

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and stored in the refrigerator of the medical inspection room. Administration could be done daily during OPD hours by any trained para medical staff manning the injection room of the medical inspection room. The reading of the test can be taken by the medical officer/specialist officer ordering the test while reviewing the patient with the investigation reports. The result of the test should be read as per the guidelines of Revised National Programme of Tuberculosis [1].

- The above model, successfully implemented at Base Hospital, Delhi Cantt for about 3 years, has been greatly appreciated by both the patients and the treating physicians. Reduction in the load of patients on the immunisation clinic with out increasing the manpower requirement on the already strained staff position is an added advantage.

Reference

- Revised National Tuberculosis Control Programme. Technical Guidelines for Tuberculosis Control. Central Tuberculosis Division, Directorate of Health Services, Ministry of Health and Family Welfare, Nirman Bhawan, July 1999.

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Book Review

Practical Obstetric Haematology. Edited by Peter Clark and Ian A Greer. Published by Taylor & Francis, 2000 NW Corporate Blvd BOCA, Raton, FL 33431, USA. Hard bound 196 pages; Price £ 44.99; ISBN 1-8424-262-3.

In the last 10 years there has been a rapid expansion in the clinical interaction between hematologists and obstetricians. As a result there is an increasing challenge to hematologists, obstetricians and midwifery staff to understand and manage the clinical manifestations of a number of rapidly developing areas of hemato-obstetric science.

This book is intended to serve practitioners involved in haematology, obstetrics and vascular medicine. The book is designed to assist the reader in diagnosis and treatment of these conditions and provides a user-friendly, but authoritative, source of information on the pathophysiology of hemato-obstetric problems that

incorporates the best practice contained within internationally accepted guidelines of obstetric and haematological care.

The book is intended to assist the reader in rapidly assimilating the essential aspects of the pathophysiology of these conditions as well as guide to the pitfalls associated with investigation and treatment. Each chapter has similar format and employs extensive use of tables and figures.

To assist the reader, each of the chapters in the book conforms to a similar style that includes: pathophysiology; presentation; differential diagnosis; diagnostic tests; diagnostic difficulties; maternal complications, foetal complications; and potential management complications. Each chapter also includes tables summarising the key points in diagnosis and management, as well as information on the likely impact of new therapies and a preview of the developing issues relating to each condition.