The authors do agree with your remarks that there is a requirement of either a high level of inter-sectoral coordination or else, a unified central agency overlookign various health care projects. As far as intersectoral coordination is concerned, as long as it is not operative at all levels, particularly at the lowest and intermediate levels, the need for constant liaison would keep coming up, as has been observed in this study.

The authors wish to express their gratitude to Lt Col Gupta for having taken interest in this article.

Lt Col RAJVIR BHALWAR
Reader & Epidemiologist,
Dept of PSM
Armed Forces Medical College
Pune 411040

ACCIDENTAL INTRA-ARTERIAL DRUG INJECTION

Dear Editor,

This refers to the article "Accidental Intra Arterial Drug Injection", MJAFI 1997; 53: 137-9. I complement the authors for their detailed description and management of a patient 12 days after initial occurrence of injury. My attention is drawn to "despite these measures pain persisted and he was unable to sleep" - Continuous supra clavicular brachial plexus block with lignocaine plain is an

excellent adjuvant therapy for relief of pain and vasospasm in such cases, with gratifying results if instituted early. Services of an anaesthesiologist colleague should be sought in the management of such injuries.

Lt Col A CHAKRABARTY
Classified Specialist (Anaesthesiology)
Army Hospital Delhi Cantt - 110010

Authors' Reply

I thank Lt Col Chakrabarty for his excellent comment. Continuous supraclavicular brachial plexus block is indeed very effective for relief of pain in such a situation and helps to tide over the difficult period till definitive therapy can be instituted. Though, an element of spasm exists, the pathophysiology of accidental intra-arterial injection is much more complex and it is doubtful if this modality can be employed as the sole therapy in such

cases. The authors gratefully acknowledge the suggestion, and wholeheartedly agree that this regional block can be a useful adjunct in such a condition.

Lt Col KM RAI
Reader in Surgery & Vascular Surgeon
Armed Forces Medical College,
Pune 411040

USE OF STATISTICS FOR HOSPITAL CONTROL

Dear Editor,

For a long time it was thought that statistics was not applicable in the field of medicine. Now it has been established that statistics is essential and appropriate in the practice of medicine: let it be in evaluating the efficacy of a drug, comparing a drug with another, studying the relevance of a particular equipment/methodology or assessing the efficiency of hospital functions.

An attempt was made to collect statistical data on hospital functions from about 50 hospitals of the Armed Forces. Thirty seven hospitals participated. They belonged to the categories of command hosp, zonal hosp and mid zonal Hospitals. The results along with accepted international norms are given at Table 1.

It appears that the standards of the Armed Forces hospitals are better than the international standards. There

TABLE 1
Comparative values

Parameters	Armed Forces values (Percentage)	Normal values (Percentage)
Death rate	0.99	5
Anaesthetic death rate	0.08	0.02
Post-operative death rate	0.32	1 to 2
Maternal death rate	0.07	0.25
Neonatal death rate	1.55	2.0
Post-operative infection rate	1.13	1 to 4
Post-operative complication rate	0.64	3 to 4
Cancers section rate	9.36	4 to 5
Autopsy rate	13.36	15 to 20
Rate of removal of normal tissues	9.85	10 to 12
Average length of stay	11.60	7.0
Bed occupancy rate	62.85	80.0