may be many reasons. Many of our hospitals do not keep correct, proper and systematic record. Some of the mid-zonal hospitals have very low patient turnover resulting in low functional liability. Armed Forces have a comparatively healthy population as main clientele. Many hospitals do not have family beds. Wherever, they are authorised, their ratio is disproportionate to the male beds.

Two exceptions where the Armed Forces figures exceed the international limits are average length of stay (ALS) (11.60) and caesarian section rate (9.36). The ALS ought to be more as the service hospitals can not dump the patients under convalescence in the barracks. The hospitals also function as convalescent homes unlike the civil. The caesarian section rate shows an increased demand for that procedure.

The statistical figures at Table 1 are broad indicators. But, each hospital should have its own figures, its own analysis and its own remedial measures. Although the Statistical data are utilised in clinical practice, they are not effectively used in administration of hospitals. It should be utilised for administrative control over functional activities, for assessing utilisation of hospital facilities, for budgeting, for projecting future requirements, for health intelligence and for medical audit.

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EPIDEMIOLOGY OF MALARIA : CONSIDERATION OF CONTEXT ESSENTIAL

Dear Editor,

The rather alarmist conclusions regarding 'increased incidence' of malaria drawn by Jha et al in their article published in MJAFI (1), need to be considered in the following context.

a) Out of 512 blood slides which were randomly collected only 2 were positive. Unfortunately, the authors have not mentioned the infant parasite rate, which would have greatly enhanced the value of the paper, as infant parasite rate is regarded as the most sensitive index of transmission of malaria in a locality [2].

b) Out of 500 children examined, the spleen rate was only 1.6 per cent, which would classify the station as hypoendemic as per WHO guidelines [3], and rule out intense local transmission.

c) The sudden increase in incidence can be explained by the phenomenon of "unstable malaria" described by Macdonald [3], as protected populations like airmen should not be expected to have complete or durable immunity leading to a state of inequilibrium.

d) The author's contention, that, since out of 512 randomly selected persons 2 were positive, should be an indicator for active surveillance is also not tenable, since active surveillance is carried out only when eradication is feasible/attempted.

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Reply from author awaited.

SYRINGE SUCTION : A SIMPLE AND EFFECTIVE CLOSED DRAINAGE SYSTEM

Dear Editor,

We have employed a simple disposable syringe with its sheathed needle and a perforated suction tube as a means of closed drainage (Fig 1). The perforated tube is introduced into the cavity to be drained, anchored to the skin in the standard fashion and connected to a 10/20 cc

syringe. Alternatively, a No. 8 feeding tube with multiple side holes cut into it works equally satisfactorily. The piston of the syringe is then withdrawn to create a vacuum within the barrel and the connected tube. The sheathed needle is then placed between the barrel and the piston flange, maintaining a constant negative pressure within

Fig. 1 : Syringe, sheathed needle and perforated tube for suction drainage.

the assembly. The needle sheath is taped to the piston to prevent slippage. The entire assembly is strapped to a convenient site by a strip of plaster (Fig 2).

Syringe suction has been employed by us in various subcutaneous surgical procedures and mesh repair of inguinal hernias with satisfactory results. A single syringe has been noted to provide effective suction for upto 3 days and proves substantially costeffective. Apart from accuracy of measurement of drained volumes, it has proven to be a cheap, (costing Rs 16-20 for a 20 cc syringe and a No. 8 feeding tube) readily available and safe alternative to open drainage. When significant drainage is anticipated a 50 cc syringe may be employed but is bulkier. The patients find this suction comfortable and there is no restriction of mobility. Removal is easy and virtually painless. Although a 20 cc syringe would require creation of a vacuum 2-3 times a day depending on drainage, in our experience it has proved considerably advantageous in diverse situations. We believe that efficient drainage combined with low cost makes syringe suction a useful

Fig. 2 : Suction in use.

alternative to conventional open drainage following various surgical operations.

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ysm, Brig KK MAUDAR[#], Maj AK TYAGI^{}**

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