Chemicals irritate the oral mucosa. Studies by Kowitz et al [4] have demonstrated the occurrence of epithelial peeling, mucosal ulceration and inflammation, gingivitis and petechiae in patients using 20 ml of a full strength mouthwash for 5 seconds, twice daily for 2 weeks. To prevent dental carries, 0.2% chlorhexidine mouthwashes are generally prescribed. Chlorhexidine can cause altered taste sensation and superficial desquamation of oral mucosa.

Chewing of carrot and coconut after food cleanses the pits and fissures present on the occlusal surface of posterior teeth. To get rid of smoker's breath, it is advisable to rinse one's mouth with water after a cigarette and chew a clove. Essential oils present in clove, mint, aniseed and ajwain masks halitosis for a while. Chewing a betel leaf is an ancient Indian tradition. The ingredients of a prepared 'paan' and the juice of the betel leaf help in camouflaging halitosis. But prolonged use of betel nut (supari) and 'paan masala' causes oral submucous fibrosis.

A healthy body with regular bowel movements and proper oral hygiene can prevent halitosis.

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USE OF STATISTICS FOR HOSPITAL CONTROL

Dear Editor,

This refers to the short communication "Use of Statistics for Hospital Control", MJAFI, 1997; 53: 326-7. The author has brought out interesting statistics which on cursory glance project the Service Hospitals in brighter light. The author has tried to point out some of the reasons for it. However, two major aspects need further emphasis:

1. A large number of admissions like review after sick leave, re-categorisation, RMB, RSMB, sick attendant, dependents on patient, etc in hospitals are for administrative reasons and not for medical attention.

2. A number of patients are admitted for trivial ailments. Such cases will not even be considered for admission in any civil hospital.

Since these admission numbers also are included in the total number of patients admitted, they dilute the percentage in all statistical analysis. Therefore, it will not be proper to compare our statistics with the statistics of international or national civil hospitals. No wonder, it is said that statistics are like bikini. It reveals a lot but what it hides is more interesting.

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REPLY FROM THE AUTHOR

I congratulate Lt Col Shishir Gokhale for his valuable observation and contribution.

It is a known fact that Service Hospitals are constrained to admit a number of trivial cases and discharge many others slowly. Though such may reflect true service statistics, may be unsuitable for strict comparison. However the distortion is luckily restricted to only three parameters namely bed occupancy rate, average length of stay and death rate, out of a dozen parameters considered in the study. It may be interesting to note that our hospitals are yet to be optimally utilised (bed occupancy 62%) inspite of admission of all categories mentioned by Lt Col S Gokhale. It may modify the average length of stay positively or negatively (only a separate study can verify that). One parameter that will definitely be diluted is percentage of death rate. The remaining nine parameters are linked to specific type of

admission and therefore are unaffected by inflated admissions and often dull paced discharges.

The startling inference is that only two hospitals out of the responded 37 has all the parameters recorded. It otherwise traces out our pathetic sense of statistics. A mention of international statistics is primarily to reveal its availability. It can be used as a pointer and also as a stimulant to evolve our own system.

The purpose of my letter was not to compare the statistics but to motivate the hospitals to improve their statistics and develop courage to reveal everything.

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BETA 2 M - A NEW AVATAR OF ESR?

Dear Editor,

This refers to the article "Beta-2-Microglobulin levels in HIV infected subjects" MJAFI, 1997; 53: 251-4. Beta-2-M has been projected as a surrogate marker of progression of HIV disease. The authors have reported high levels of Beta-2-M in cases of PGL and AIDS, stages where the disease had already advanced to Stage III/IV and was clinically diagnosable. On the contrary, the levels of Beta-2-M in asymptomatic HIV infections (the cases that require intelli-

gent and informed guess for the rate of progression of the disease), were only marginally elevated. It appears that Beta-2-M levels as surrogate markers of progression of disease are not of much help in these early cases. Beta-2-M levels don't have any predictive value towards course of early HIV disease.

The main sources of Beta-2-M in the body are immune system and liver. Beta-2-M levels are elevated in number of conditions other than HIV infection [1]. In our country, as in other developing