The impact of infection is more apparent in conditions of ineffective erythropoiesis(5). In healthy persons erythroblastopenic effect of infection passes off without its recognition whereas in hemolytic anemia the effect of any of these infections leading to erythroblastopenia of marrow becomes evident by development of severe anemia. It is of interest that our case initially presented with erythro-blastopenia lasting for 25 days and diagnosis of thalassemia intermedia was unmasked. Supportive treatment with packed red cell is the mainstay of treatment. The possibility of the immunization against HPV in children with chronic hemolytic anemia will be of interest as children with hemolytic anemia will not develop this complication following an effective immunization.

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Extravasation Injuries Prevention, the Best Policy

I read with interest the recent article by Tomaraei and Marwaha(l). As the authors themselves agree, the most important approach should be preventive. In most hospitals in India where the rush is so high and no close monitoring by nursing staff nor sophisticated infusion pumps are available, it is highly important that extravasation injuries be prevented to the utmost and early intervention attempted. The important guidelines will be:

(i) All hypertonic solutions including antibiotics should be diluted and given as a slow intravenous push; (ii) Before giving any hypertonic solution, like calcium or sodium bicarbonate, it must be confirmed that the cannula is in the vein and the intravenous line is patent and that there is no redness or induration at the needle tip. If there is any doubt, it is always better to

resite the intravenous line, *(iii)* Another easy technique will be to use a small paper scale attached to the intravenous site just proximal to the cannula tip and surrounding the extremity. Any slight increase in the circumference measurement, will immediately give a clue that fluid is extravasating. This is very useful in neonates and infants on prolonged intravenous therapy.

Extravasation injuries on the dorsum or palm of the hand are quite possible, especially in infants on prolonged intravenous antibiotics. If unrecognized, they may lead to fluid collection and edema in the various fascial planes or in the palmar compartment causing tense swelling of hands and fingers with tenderness and even compression of arterial supply leading to cyanosis of the extremity and eventual gangrene. Recently, we managed a similar case in a 16-day-old neonate with meningitis, with elevation of the limb, cold compresses and fasciotomy. Fasciotomy by relieving the tension, establishes the arterial supply, thereby preventing gangrene.

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Xerox Machine Safe for Pregnant Mother and the Fetus

One pregnant mother was advised by her doctor to give up her job as a xerox machine operator to protect her fetus from hazards of possible radiations emitted by the xerox machine. Her query, "Whether Xerox machine was unsafe for pregnant mothers", and nonavailability of information in the literature led to this study.

A Xerox machine (Kilburn-1800 M.R. plain paper copier) was monitored for 24 working hours with a serveymeter. Serveymeter is used to monitor radio active radiation in the environment. The study revealed that Xerox machines emit no radio active radiations. Hence, there are no possible teratogenic effects. In fact Xerox machine uses light energy only. The emitted light too escapes upwards and is less likely to affect the lady standing by the side of the machine and her baby.

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