development of the primary FFARCS examination but whose current involvement is minimal, I want to add one or two more facts that require emphasis. Firstly, the mere fact that Dr Didier attempted the examination on five occasions and on each was considered to have inadequate knowledge itself testifies to the consistency of the marking system.

That Dr Didier was allowed to proceed to the oral examination on four of the occasions does not imply an extensive knowledge of the subject on his part. This is plain if it is realised that some 80% of candidates are allowed to proceed to the oral but only some 35% of those entering pass the examination.

Dr Didier is mistaken in assuming that performance in essay questions has a bearing on whether a candidate is allowed to continue to an oral. Essay question marks stand on their own as an independent part of the examination.

There is no bank of essay questions. The examiners set such questions at a meeting held some months before the examination, bearing in mind only the undesirability of repeating questions at too early a date.

The suggestion that the examination is a source of revenue does less than justice to the faculty. Until the administrative costs of so doing become excessive, those candidates who are not recalled for the oral have a proportion of the examination fee refunded to them. Even now, the revenue accruing from the examinations no more than meets the considerable running costs. Further, a multiple choice examination does not run itself. Indeed, the cost of what Dr Didier proposes would certainly not achieve the economies he suggests.

Dr Didier's most recent letter (16 June, p 1833) contains a further serious inaccuracy. There is no foundation in the statement that the primary FFARCS examiners sat the multiple choice paper a few years ago.

Dr Didier's colleagues are mistaken in believing that he will by his letter reduce his chances of passing the examination. In fact, when he next presents himself, if indeed he does, he will have the benefit of the total anonymity afforded by the examination system which refers to candidates at all stages by number only.

Finally, if Dr Didier finds oral examinations so seriously upsetting perhaps he ought to seek medical advice concerning means of minimising such tension.

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SIR,—Most examinations face adverse criticism from candidates, usually more vehement before passing. It is unusual, however, for a journal to provide repeated space for unsupportable inaccuracies. Dr B W Perris (5 May, p 1383) and Professor A R Hunter (above) have already answered Dr Haydn Didier's first letter (14 April, p 1158) so I shall confine this response to his second (16 June, p 1833).

(1) It is an amusing story but untrue that the primary FFARCS examiners sat a multiple choice questionnaire paper.

(2) Candidates invited to proceed to oral examinations have not necessarily passed the multiple choice questionnaire papers, but they are above a cut off mark below which no one had ever passed the remainder of the examination before the cut off was instituted.

(3) Examiners are elected at the board of the Faculty of Anaesthetists in a secret ballot by a simple majority. Perceived ability as an examiner is the only criterion.

(4) The new three part FFARCS examination has been introduced as a test of clinical knowledge appropriate to a trainee after one year's experience. The board of faculty, its regional educational advisers, and faculty tutors believe that this step should improve the anaesthetic management of patients. It should also discourage at an early age those trainees, few in number, who are unsuited to proceed as anaesthetists.

MICHAEL ROSEN
Chairman, examination committee, Faculty of Anaesthetists

Appropriate technology: laboratory equipment

SIR,—I was surprised that Ms Monica Cheeseborough omitted to mention a high powered inexpensive microscope which is manufactured in England (30 June, p 1978). The Eritrean Relief Association, a British registered charity, started a project in 1982 for mass production of inexpensive high powered microscopes as part of its public health programme. These instruments are made in a durable plastic using a modification of the McArthur design. They have three powers of magnification, are capable of oil immersion, and can be used to diagnose all the major infectious diseases which require light microscopy. The instrument has been tested by the World Health Organisation and evaluated by several non-governmental organisations, including OXFAM and Save the Children Fund.

The Eritrean public health programme, after meeting its field requirements of several hundred of the instruments, has made available its production process to supply developing countries with large numbers of inexpensive microscopes. This is done on a profit free basis, with a small charge to cover the time of Eritrean public health programme staff. The unit cost varies substantially with the size of the order but for large orders is well under £50.

It is quite possible that the wide availability of this instrument opens new horizons for public health in developing countries.

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Medicine in Eastern Europe

SIR,—I was impressed by Professor Jan Brod's comprehensive and lucid critique of medicine in Eastern Europe (28 April, p 1288). I was surprised, however, that he quotes and discusses official statistical data emanating from these countries as if they were true: as he undoubtedly knows, as I and many colleagues over the world know, these statistics are false. They are necessarily false for reasons which I will try to summarise.

Let us take the example of infant mortality, and my experience as a general practitioner from 1960 to 1962 in Romania. Firstly, when data are collected they cannot represent the strict reality owing to the failures of the bureaucratic system, lack of motivation of personnel, fear of authority, and so on. Thus, at the level of the rural medical office some of the infant deaths are not recorded. The second step is the first territorial unit, the *raion* (small county): here the senior medical officer "slightly arranges" the figures. This is not surprising, as his promotion depends on good results. The same "arrangement" is then done for the same reasons at the second hierarchical level, the region.

Later, the national figures are "slightly modified" by qualified statisticians of the Ministry of Health. The reasons are simple again: the annual report sent to the party plenum cannot contain "bad" results on infant mortality. These "modified" data are printed but are for internal use only. Every figure communicated abroad (scientific papers, as well as in reports to international organisations or boards, etc) is checked by a special staff of the Ministry of Foreign Affairs and "adjusted," if necessary, in order not to affect the country's *image de marque*.

I think your readers, and Professor Brod, will agree that under these circumstances finding the truth behind the manipulated figures is a matter of archaeology.

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Corrections

Haemoperfusion in acute intermittent porphyria

We regret that an error occurred in the letter by Professor V Kordac and others (12 May, p 1458) whereby the references were wrongly numbered. Thus reference number one goes where reference two is indicated in the text of the letter, reference two where reference three is indicated, and so on. Finally, reference seven goes with number eight, which appeared in the text of the letter without a reference being given. There was no reference one.

Hyperbaric oxygen for patients with multiple sclerosis

We regret that errors occurred in the letter from Dr Philip James (16 June, p 1831). The sentence "There is no published account of an oxygen convulsion at 2 atm or less" should have read "There is no published account of an oxygen convulsion at 2 atmospheres absolute or less in a multiplace chamber." Similarly, the other figures in the first paragraph given as atm should be atmospheres absolute.

Atmospheres absolute are the standard notation of pressure in hyperbaric medicine. The gauge pressure reads the difference between atmospheric pressure and the pressure inside the chamber, and barometric pressure must be added to obtain the absolute pressure.

Urinary tract infection in children

We regret that an error occurred in the last paragraph of the letter by Dr Thomas Sherwood and Mr Robert H Whitaker (30 June, p 2003). The sentence that begins "The evidence that we have cited suggests that the course of intrarenal reflux is more benign" should have read "The evidence that we have cited suggests that the course of simple reflux is more benign."