disease is high and we adopt an aggressive attitude in managing patients with cardiogenic shock after myocardial infarction. We have a low threshold for inserting the programme. The compliance rate was 75% with no appreciable marked variation for city, suburban, and rural areas.

Inadequate test of knowledge

Srtr—1 would like to comment on the issue of feedback on performance in fellowship examinations raised by Dr S Kricker.

Striving to meet standards that are closely guarded and unclear was my experience in my first attempt at the psychiatric membership examination. This raised not only self doubts about my ability but the suspicion that the people in the know were equally in the dark about what was required.

On my second attempt I was lucky. In addition to receiving coaching from senior colleagues, which is essential, I was lucky enough to have a detailed, constructive criticism of my first examination attempt posted from the Royal College of Psychiatrists in time for me to correct the simple technical errors that I would have repeatedly made. I suspect consequences for my ego and bank balance.

The key purpose in providing feedback must be to enable fairly minor problems of technique to be corrected, thereby giving deserving candidates a fair chance of displaying the goods. It cannot be in anyone’s interests to fail these candidates, who are not frivolous undergraduates but mature professionals who have spent 10 years in training for their moment of truth with the royal college’s examiners.

I would encourage the colleges that at present do not provide a feedback service for their unsuccessful candidates to do so. It must be in the interest of the candidates, the colleges’ examiners, and the public, who expect professional standards in the preparation of their specialist members and fellows.

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Non-ionic versus ionic contrast media

Srtr—It seems from Dr Peter Davies’s dismissive comment about patient comfort when he compared the suggested use of non-ionic rather than ionic contrast media that he has not had the pleasure of comparing the reactions after the use of these two types of media.

As an interested party to this debate who has been able to compare the use of iohalamate (on three occasions) with iopamidol (two occasions) for coronary angiography at yearly check ups after heart transplantation over the past five years, perhaps I may expand on the patient’s viewpoint. When iohalamate is being used you know that there is going to be a problem because a nurse arrives at your side, gives your shoulder a squeeze, tells you not to worry, and then places a cold compress on your forehead. The next sensation is, I imagine, comparable with those suffered by players during the present British Lions rugby tour of Australia. You lie on the ground and eight 2 m tall, 100 kg forwards delight in sticking hell out of your head, kidneys, spine, and perineum. With iopamidol, on the other hand, a warm sensation on injection has been the only reaction of which I have ever been aware.

Many factors are concerned in deciding the relative merits of various procedures, and I accept that cost and technical results are important. However, surely patient comfort should be of paramount consideration whenever possible?

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Junior doctors and the BMA council

Srtr—In his report on the debate on the constitution of the BMA council at the annual representative meeting in Swansea Scrutator not only failed to bring out the fundamental objection that many junior hospital doctors have to the new constitution but also twice repeated the inaccurate statement made (and corrected) during the course of the debate to the effect that the only non-general practitioners elected to a regional seat at the last election was a community physician. In fact a junior hospital doctor, Ruth Gilbert, was elected in the south west regional seat. The fundamental objection many of us had to the new constitution was that in it there would no longer be possible, as junior hospital doctors would no longer be able to stand for, or vote in, regional seats. Scrutator derides the use by most speakers of the word “principle” as carefree, but I suggest that to argue that the disenfranchisement of one third of the membership from one avenue of representation on council is contrary to the principle of democracy is a careful, rather than carefree, use of the word. It is perhaps Scrutator who should have been more careful in his reporting, so that the junior doctor membership could know how they are being abused.

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Inadequate test of knowledge

Srtr—Inadequate test of knowledge.

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Non-ionic versus ionic contrast media

Srtr—Non-ionic versus ionic contrast media

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Correction

Seniority and risk of death in psychogeriatric patients

Atypical's error occurred in the letter by Dr G S Rai (24 June, p 1711). The mortality for elderly patients admitted to hospital to give the carer a respite should have been 13%, not 9% as published.