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Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters must be signed personally by all their authors.

Hospital equipment "Which?"

SIR,—From time to time, as money filters from our RAWP-ed colleagues in the centres of excellence, we in the centres of non-excellence receive permission to buy new equipment. When that equipment finally arrives after the customary delays imposed by consensusmania—a contagion characterised by delusions of democracy, a phobia of taking decisions, and a psychopathic hatred for the English language—it is all the more frustrating to find that it cannot be used. If it works off mains electricity or has a mains-chargeable battery the Department of Health and Social Security insists (rightly) on tests for electrical safety (500 V is applied to instruments designed for use at 240 V). For such a test, naturally, the hospital's engineer will need a circuit diagram. That circuit diagram is never to be found.

Over the past six months we have taken delivery of replacement instruments for our coronary care unit (the old ones were electrically unsafe), a nerve stimulator for the pain clinic, and an electrocardiogram monitor, a digital thermometer, and an end-tidal carbon dioxide analyser for the operating theatres. Not one of these expensive toys arrived with a circuit diagram. In one case the manufacturer (USA) refused absolutely to provide one. In another there was not even an instruction manual.

This is an ongoing crisis situation.

To be fair, the DHSS must accept part of the blame. It does not seem to make clear, in writing, its mandatory requirement for a circuit diagram. Our district supplies officer sought advice on that policy from the Department in May this year; it is now August and he has had no reply. The manufacturer or distributor is thus in a quandary. If he sends a circuit diagram will the recipient feel entitled to set up in business on his own account? Or will some do-it-yourself maniac take a wrench to an ailing mass spectrometer?

Medical high technology, so-called, is now almost completely out of hand. It is too much to expect from the clinician that he should keep pace with every conceivable advance; still less that he should be aware of every latent and subtle electrical or other hazard. The time has come, in my opinion, for a hospital equipment *Which?* Whether this were to be published by authority or by the profession or by a university-based consortium does not matter. What matters is that it should be published. The new journal would encourage a semblance of uniformity in the technical and other requirements of the DHSS, such as standards of electrical safety. Untainted by commerce, it would provide guidance to doctors like myself who have no ready access to a hospital department of physics, biomedical engineering, computer science, or electronics.

It would reveal and illuminate what was new and tried, what was new and untried, and what was new and ought never to be tried. Hospital doctors would then be able to compare one instrument with another in the light of their own particular needs and circumstances. It might even be that the delicate matter of cost could be tastefully broached; it is rank bad form to talk of boring old money in advertising copy or technical literature. If at the same time the DHSS might come to accept the value of granting consultants direct responsibility for their clinical budgets a state of nirvana would rapidly ensue.

While it might not always be possible to recommend a "best buy" in, say, computerised axial tomography, we all know what we want. What we want is something which will benefit the patient. It must work, and go on working. It must be safe. It must be cheap to run and easy to maintain. Above all—it must be doctor-proof.

PETER V SCOTT

Department of Anaesthetics,
Bromsgrove General Hospital,
Bromsgrove, Worcs

Misdiagnosis of amoebiasis

SIR,—We share the concern of Dr T H Foley and his colleagues (5 August, p 428) that the diagnosis of amoebiasis is sometimes overlooked or missed through inadequate investigation. The same could be said of malaria and other potentially lethal parasitic or exotic diseases. The two conditions which amoebiasis most readily mimics are ulcerative colitis and