active display of the photograph of an operator (UAC insertion time: 28 seconds) with a caption challenging others to beat the record. With time only the Hawthorne effect and not the operator variability are expected to diminish. Continuation of the trial was also iustified because our 'post-hoc' conditional power estimation showed that this was unlikely to detect any clinically significant benefit of the magnifying lens. The purpose of our discussion and conclusion was to focus on Hawthorne effect and operator variability-the two issues we faced in our trial. We have avoided definitive statements regarding the magnifying lens whether it should or should not be used. The key message and the abstract reflect purely what happened in the trial and should be read only in the context of the trial. The fact that this simple and safe device could still be useful for others reflects the realism in evidence-based medicine that relegates statistical analysis to its proper subsidiary place.

In summary we feel that being too close to the magnifying lens has blurred the real issues of clinical significance (operator variability and Hawthorne effect) in this case. We hope our observations will help in designing better clinical trials in this area while appreciating the fact that even the best randomized controlled trial will only minimize but not eliminate uncertainty.

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Street Children and Runaway Adolescents in Iran

With reference to the Editorial by Sethi(1) in the March issue of the journal regarding "Street Children", We would like to mention some points on the same issue in Iran.

Risky behaviors of the out-of-school children have been ignored in Iran, and it was

only recently that the school students received due attention by the Ministry of Education(2). The growing number of runaway adolescents (especially girls who are more vulnerable to sexual abuse than boys) has urged the authorities to look for a systematic approach to a possible solution. However, dealing with the out-of-school children seems to be much more demanding than those in schools. Lack of reliable statistics on the real number of

these children makes the issue even more complicated. Runaway girls are the most at risk. An unofficial report shows that 60% of the runaway girls have been a victim of sexual abuse in the first week out of home(3). The strategic geographic situation of Iran and its long borders with the countries of the Golden Crescent (Afghanistan and Pakistan), where a substantial proportion of the world's heroin is produced, have confronted Iran with the problems of drug trafficking and concomitant drug addiction within the country(4). The youth are not an exception and make up a considerable population of substance users! The rate of substance use is some 80% among the street children in Tehran(3).

The growing number of runaway and street children is alarming! Poverty, dysfunctional and disintegrated families of the runaway children, failure of the families and the government to establish financial and emotional support for the youth, loose ties of the new generation with the national, social and religious values, unreasonable social restrictions, high rate of demand and supply for drugs, inappropriate legislation and lack of a definite law in support of children's rights(5), all are responsible for the bitter fact in the society.

Conversion Disorder Presenting as Pseudohydrophobia

An eight-year-old girl was referred to the Institute of Maternal and Child Health, Calicut with a diagnosis of "Rabies". On admission, she showed the characteristic signs of aerophobia and hydrophobia. Fanning a current of air over the face or switching on the

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fan could elicit the characteristic fear reaction. She could not swallow water and bringing water close to the mouth elicited abnormal spasms of the face and muscles of deglutition. The features of aerophobia and hydrophobia were consistent. She also showed bizarre movements involving all four limbs. Except for the aerophobia, hydrophobia and bizarre movements, the nervous system examination was normal.