points out that the respective growth rates over 1965-1990 (in the same publication) are 1.9 percent and 5.5 percent. If these figures are correct, in 1965 GNP per capita in China was only 44 percent of that in India, a statistic that defies belief.

Counting *people, births, and deaths* is also problematic. Chamie (1994) points out that there are a number of LDCs who have yet to carry out their first census, that only a third of LDCs have had a census since 1985, and that 27 percent of countries have a latest census that was conducted prior to 1975. Recent, reliable data on life-expectancy (infant mortality) are available for only a half (a quarter) of LDCs, and two-thirds of African countries have collected no data on life-expectancy since 1970. Many of the figures published in the *World Development Report* and the UN's *Human Development Report* are estimates and projections, not measurements.

There are also puzzles and discrepancies in data on *health, education,* and *nutrition.* Self-reported health data in LDCs typically show a *positive* correlation between living standards and ill-health, something that is usually attributed to better-off people reporting a larger fraction of health problems. Recent work at RAND appears to have made real progress on this issue [see Strauss, Gertler, Rahman, and Fox (1992)]. Questions about ADLs (Activities of Daily Living, such as walking and eating) and IADLs (Instrumental Activities of Daily Living, such as shopping) ask respondents whether, for example, they would find it easy, difficult, or very difficult, to perform a set of specified tasks (climbing stairs, fetching water) that are relevant to everyday life. The results of these questions reveal more sensible, richer, and interesting patterns of health with income and age than do the previous self-reported measures. Education data often exaggerate enrolments, by reporting attendance on the first day of school, or by expressing total enrollments, including those of adult students and grade repeaters as a fraction of the normal age groups for those grades, so that enrolment fractions greater than unity are possible [see Behrrnan and Rosenzweig (1994)].

Nutritional data are usually obtained from survey data on household purchases of food, and less often from 24-hour food consumption recall data. The latter generate much lower income elasticities of calories and of foods than do the former, Bouis (1994). Bouis argues in favor of the lower figures, on the grounds that traditional food elasticities imply implausible weight patterns. If the food (and calorie) elasticity is 0.4, say, then people in the top decile of the income distribution, who are perhaps six times as well off as people in the bottom decile, consume more than twice as much food and calories as those in the bottom decile, and ought therefore to weigh more than twice as much, something that we do not observe. Not everyone would accept the existence of such a reliable and simple relationship between calories and weight, even in the long-term, nor is it clear that the purchase method of calculating nutrition is