Gravesham district two candidates were rejected, and a similar situation repeats itself all over Britain.

The one factor that is common to all the people rejected is not that they are subversive, but that they are effective communicators, care passionately about the health service, and are earnest in their attempts to express the fears of the community about the decline in standards in many areas of the NHS.

In my own case the West Lambeth Health Authority chairman, John Garnett, declared openly that I was not acceptable to them, although the decision is taken legally by the regional health authority. District health authority members attempting to overturn the decision of the chairman were prevented from doing so by a procedural device.

A government that fears the influence of a single member on a district health authority must really be quite scared of public criticism and the ability of a few committed opponents to expose ministerial mendacity.

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SIR,—I am most concerned by the implications of signing the Department of Health and Social Security's new contract on the freedom to publish the findings of DHSS supported research and share the views of Sir Douglas Black (19-26 December, p 1582) and others (6 February, p 427).

If there is no wish to restrict publication I cannot understand the need to tamper with the current contract, which, as Dr R H L Cohen (6 February, p 427) points out, "guarantees the scientific independence of the researcher." The reason put forward by officials of the department, as well as by ministers, that the present contract does not satisfy current copyright law has not been vindicated by the opinions of independent legal experts. Why, if the department says that it has a case, could it not test or discuss the legal interpretations of the old and the new contracts with experts nominated by the researchers interested in this question?

Further, if the DHSS feels that it has right on its side why do the Home Office and the Scottish Home and Health Department operate different rules in negotiations with their researchers?

Researchers believe strongly that if there is any interference in the right to publish findings it will become increasingly difficult to obtain cooperation from colleagues (6 February, p 427). Even if research findings gave reason for concern, under the new contract there would undoubtedly be a certain reluctance to criticise public policy. Journals might be reluctant to publish "censored" work, and the credibility of the findings would be questioned and might do damage to the DHSS as well as to the researchers.

I have no doubt about the good faith of those concerned with the administration of research, but I have major reservations about their sensitivity.

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Obscure gastrointestinal bleeding

SIR,—We were surprised that Messrs A C Steger and J Spencer (2 January, p 3) made no reference to isotopic methods in diagnosing the site of obscure gastrointestinal haemorrhage. During the past three years we have gained considerable experience of in vivo technetium-99m labelled red

cell scintigraphy in the investigation of lower gastrointestinal haemorrhage and have been impressed by the results.

Over the period June 1984 to September 1987, 43 isotope scans were performed on 41 patients (22 men, 15 women, and 4 children aged 5 months to 91 years) who presented with lower gastrointestinal haemorrhage. In each case the accuracy of the scan in localising the bleeding site was checked either by independent investigations or at laparotomy. Bleeding was accurately localised in 29 out of 30 cases (sensitivity 97%), and in the 13 cases in which no definite bleeding site could be found there were only two false positive results (specificity 85%). The investigation had a high predictive value when both positive (94%) and negative (92%).

Two types of lesion which may frustrate even the most thorough investigation are those that bleed slowly and those that bleed intermittently. Successful angiography requires relatively high bleeding rates of 0.5-1.0 ml/min and this must be occurring at the time of contrast injection.¹ Red cell scintigraphy can detect bleeding rates as low as 0.05-0.1 ml/min,² and because labelled red cells have a long intravascular half life repeated scans can be performed over 36 hours without injection of further radioisotope.

The technique of in vivo red cell scintigraphy is simple and elegant, requiring only two intravenous injections.³ We believe that this investigation should be used more widely and has advantages which are especially relevant in cases of obscure gastrointestinal haemorrhage.

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Attitudes of a multiracial antenatal population to HIV screening

SIR,—The issue of consent to screening for antibodies to the human immunodeficiency virus (HIV) is crucial, yet consent should be fully informed and not simple acquiescence.

Like Dr Gisselbaek and^o others (23 January, p 288), we conducted a survey among our patients—a multiracial antenatal clinic population, a particularly important group in view of recent

suggestions that antenatal screening should be used to establish prevalence data.¹

Two hundred and ninety nine consecutive first time attenders to our antenatal clinic were asked to complete a simple questionnaire with the aid of an interpreter if necessary. The inquiry encompassed not only their knowledge of and attitudes to screening for HIV infection but also other aspects of screening in pregnancy and what action or actions should be taken should a test be positive (see table).

One hundred and seventy six (59%) completed questionnaires were returned, the response rate being 50% (53/107) among the Asian population and 65% (123/192) among the white and Afro-Caribbean population. Altogether 11% of responders thought that the clinic population should not be screened whereas 35% did not know; 34% said that they themselves would not wish to be screened and 29% did not know. If screening were to be introduced 85% of responders wanted to be informed and 87% wanted to know the result (see table). The prevalence of "don't know" answers throughout the questionnaire was significantly higher among the Asian sample.

We also noted that 59% of our responders stated that they would request a termination of pregnancy if they were found to be positive on testing and this were known to affect the fetus, while 16% would still request a termination if the fetal effect were uncertain.

The recent information campaign has clearly not reached our ethnic minority groups to an extent where they and we can feel confident about introducing screening with informed consent, and our findings emphasise the need to develop information and counselling services.

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Defibrillation after near drowning

SIR,—My experience as an anaesthetist in Cornwall and now as an immediate care general practitioner leads me to differ substantially from the advice given by Dr Mark Harries (23 January, p 27).

There is now little doubt that the victims of near drowning should be resuscitated using generally accepted cardiac arrest techniques. The victim should be placed on a blanket, towels, or dry clothing to stop further cooling, and if he is pulseless and apnoeic cardiac compression and ventilation should be performed. A combined

Attitudes to screening in pregnancy with particular reference to AIDS. Results are numbers (and percentages)

Question	Yes	No	Don't know
Is syphilis tested for during pregnancy?	44 (25)	10 (6)	122 (69)
Would you request a termination if your baby was going to be severely abnormal?	68 (39)	37 (21)	71 (40)
Have you ever had an AIDS test?	4 (2)	164 (93)	8 (5)
Would you like to be tested?	60 (34)	65 (37)	51 (29)
Should all pregnant women be tested?	95 (54)	19 (11)	62 (35)
Should you be informed if you were tested?	150 (85)	6 (3)	20 (11)
If you were tested would you want to know the result?	153 (87)	8 (5)	15 (9)
Should your family doctor know the result?	151 (86)	8 (5)	17 (10)
Should your partner know the result?	147 (84)	13 (7)	16 (9)
If you were found to have the AIDS virus and it would affect your baby, would you request a termination?	104 (59)	16 (9)	56 (32)
If you were uncertain your baby would be affected, would you still request an abortion?	28 (16)	59 (34)	89 (51)