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## LEADING ARTICLES



## CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED



## MEDICAL PRACTICE





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# CORRESPONDENCE



*Because we receive many more letters than we have room to publish we may shorten those that we do publish to allow readers as wide a selection as possible. In particular, when we receive several letters on the same topic we reserve the right to abridge individual letters. Our usual policy is to reserve our correspondence columns for letters commenting on issues discussed recently (within six weeks) in the BMJ.*

*Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue. We may also forward letters that we decide not to publish to the authors of the paper on which they comment.*

***Letters should not exceed 400 words and should be typed double spaced and signed by all authors, who should include their main degree.***

## A proposal for doing prevalence studies of AIDS

SIR,—For the past six months I have been seeking to obtain the support of doctors for the conduct of surveys to determine the prevalence of infection with the acquired immune deficiency syndrome (AIDS) in the general population. I have sought this as chairman of the epidemiological subcommittee of the Medical Research Council's working party on AIDS. So far I have failed to obtain it. This causes my colleagues on the subcommittee and me serious concern as the public health authorities and the general public need to have reliable information about the prevalence of infection and the rate at which that prevalence is changing. For this purpose we need information relating to more representative sections of the population than those currently being studied (blood donors, patients attending sexually transmitted disease clinics, etc). We are agreed that at present it is unacceptable to test an individual's blood and to tell him or her the result if consent for the test to be done has not been given. We are asking therefore only that random samples of blood taken for other purposes should be tested in such a way that the individual is unidentified, except for sex, age, and residential district. Such samples might, for example, be obtained from antenatal clinics or casualty departments.

Three objections to this proposal have been raised: that it is unethical, illegal, and imperfect. How it can be unethical is incomprehensible, as it can do no possible harm to anyone and could do much good. If it is illegal the medical profession has been acting illegally for many years and the sooner the law is changed the better. That the proposal is imperfect, because we cannot relate positive samples to specified individuals whose liability to risk cannot be determined, is a more serious objection; but if we cannot inform people of the result without having had their consent for the test to be done we have no alternative. We have a better opportunity for checking the epidemic in Britain at an early stage than many other European countries and we need to take every practicable step that will help us to do so. The testing of unidentified blood samples in the way we propose is, in our opinion, one such step.

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## Academic boycotts of South Africa

SIR,—As one currently working in the Alexandra Health Centre, which is the sole medical service for this black township, I wish to exculpate myself from the atrocious crime of supporting apartheid. Television pictures have often shown in Britain the pitiful condition of this place and the great need of its 100 000 inhabitants.

Many doctors graduate each year in South Africa. Under the present government many of these leave the country. Responsibility for South Africa's slums and vast rural areas clearly belongs to these medical men and women, and a positive feature of the boycott (13 December, p 1572) might well be to awaken these young doctors to their responsibility. But even if this works it will not exonerate our profession from being ready and willing to answer calls for help from whatever corner of the earth they come. If those calls are heard in Britain or America or Germany how can we teach that they should be ignored? And how can we criticise those who hear and respond positively?

Alas, those who suffer for our puritanism are not the government and not the stuffy Medical Association of South Africa but people like ours here in Alexandra. By withholding our help we commit the error—which Martin Luther King warned us of—of punishing the victims of oppression for the results of their oppression.

For my part I am proud to be working here, rather than carrying my banner outside South Africa House. My profession has given me the power to make this choice—and so I have chosen.

ANTHONY BARKER

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SIR,—The letter from Dr Naomi Richman and others (13 December, p 1572) concerns me. When I read the letter from Dr Oved Ben-Arie and others in which they asked for support from Western colleagues (22 November, p 1370) I replied to it, saying that were it not for my family commitments I should probably ask if the services of an elderly colleague could still be of value in their circumstances. Evidently, had I been able to do so, Dr Richman and her associates would not have felt able to support me and might even have ostracised me.

Admittedly it is a long time since I was in South Africa, but I did work for 10 years with African, coloured, and European patients and staff in South African hospitals, including service in the army. I