by repeat tests.[2] At Brixton HIV positive prisoners, who are segregated because of their infection, occupy better accommodation, which thus encourages prisoners to claim that they are positive for the virus. Retesting shows that some of them are indeed negative.

Injecting drug use undoubtedly occurs in prisons, particularly among remand prisoners, and sharing of equipment is inevitable. Although cases of acute hepatitis B in prison have been recorded, so far there has been no evidence of acute HIV seroconversion illness. In an American custodial prison HIV testing on admission and release has not shown significant changes in seropositivity.[3] Long term prisoners are much less likely to abuse drugs.

Identification of those prisoners infected with HIV, with guaranteed confidentiality, will permit targeted advice on reducing the risk of transmitting the virus and on maximising current health, including detoxification of drug users. Tests to evaluate the immune system will enable appropriate prophylaxis to be prescribed to those who are vulnerable to sudden life threatening opportunistic infections.

Multidisciplinary committees should be established to plan, implement, and monitor systems for managing HIV infection in British prisons. Sensitive and effective handling will benefit public health in general and the prison population in particular, including staff.

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Sexual behaviour in Scottish prisons

SIR,—Dr K G Power and colleagues report that during the course of their interviews with Scottish prisoners only a tiny minority (one man and three women out of a sample of 559) admitted to sexual behaviour in jail.[1] This may not surprise many who work in the Scottish Prison Service; what will surprise them is Dr Power and colleagues' assumption that such behaviour is therefore correspondingly rare.

In the course of my work as a clinical psychologist with prisoners during the past year three men have told me that they participate in sex with their fellow prisoners, one of whom claimed to have many partners. I do not imagine that any of them would have disclosed this information at a first interview, but this seems to be what Dr Powers and colleagues were expecting. It is a common experience among those who counsel prisoners that their stories change over time and that they sometimes gradually edge nearer to unpalatable truths. Dr Power and colleagues argue that the prisoners they interviewed had no reason to fear disciplinary repercussions from any disclosures they might make, and they note that a higher proportion of prisoners were prepared to admit to the equally illegal use of intravenous drugs while in prison. This misses the point that illegality itself carries no stigma in this population whereas homosexuality is strongly disapproved of. During a face to face encounter few people are happy to confess to behaviour that shows them in a bad light. Why should this be expected of convicted criminals, who are likely to be especially well practised in pleading not guilty to undesirable behaviour?

Dr Power and colleagues point out that reports of widespread sexual activity in jail are always anecdotal, as is my own. To remedy this they carefully select a random stratified sample representing the different categories of prisoners in Scottish jails. Unfortunately, this impressive sample of prisoners (11·7% of the total population of Scottish prisons) may be telling us more about their behaviour during interviews than their sexual behaviour. There can be no justification for the authors' suggestion that "The results of our study should be taken into consideration when discussing whether condoms should be provided to inmates of prisons."

Estimates of the prevalence of behaviour that is both private and socially unacceptable are always difficult and require more sophisticated methods of inquiry than an uncorroborated personal interview.

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1 Power KG, Markova I, Rowlands A, McKee KJ, Anslow PJ, Kilfedder C. Sexual behaviour in Scottish prisons. *BMJ* 1991;**302**:1507-8. (22 June.)

SIR,—In their report on sexual behaviour in Scottish prisons Dr K G Power and colleagues probably underestimate the extent of sexual activity in prison.[1] They make no reference to data on the sexual behaviour of women in prisons in the United Kingdom[2,3] or to extensive American work on sexual behaviour in prisons for men and for women.[4] American data suggest that 17-69% of prison inmates reported sexual experiences with people of the same sex during imprisonment.

The authors' work has methodological drawbacks. A single cross sectional interview provides unreliable data on sexual behaviour when compared with systematic participation and observation over time, as in standard arthropological fieldwork. Clemner found 40% of male prisoners to be sexually active in prison.[5] His research included 30 000 conversations with prisoners, 50 biographies, 200 essays by prisoners, and 174 questionnaires.

Furthermore, their study does distinguish between consensual sex and sexual assault. Sexual violence is acknowledged as a problem predominantly of prisons for men in the United States.[6] Davis found that 200 of 60 000 inmates had been sexually assaulted after arrest.[7] A survey of the prison system in New York reported that 28% of 89 men had been victims of sexual aggression during incarceration, often with physical assault.[8] Given the current issues of control in prisons in the United Kingdom, this is a matter of considerable concern.[9]

Lastly, Dr Power and colleagues suggest that the number of prisoners per cell is connected to sexual behaviour but neglect to consider how the issue of "banging up" affects patterns of association and supervision to a great extent.

Dr Power and colleagues' study highlights the relative failure of researchers in the United Kingdom to produce reliable data on sexual behaviour in prisons for men and for women compared with data from the United States. This would be of mere academic interest were it not for the practical consequences. Firstly, the implications for sexual spread of HIV infection in the prison population are essentially unknown. Secondly, the distinction between consensual sex and sexual assault is important both for transmission of HIV and for the protection of possible victims. Thirdly, the Home Office can continue in its morally blinkered attitude to the realities of prison existence such that safe consensual sex is virtually impossible in custody. It remains to be seen whether the Home Office will permit independent in depth research of subcultures in prisons, research that is crucially relevant to both the humane management of prisons in general and the sexual and non-sexual spread of HIV infection in particular.

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New deal for old hearts

SIR,—Dr N A Boon discusses the treatment that should be available for elderly people with heart disease.[1] Next to cardiac pacing, restoration of sinus rhythm by electrical cardioversion of atrial fibrillation must rank as one of the most cost effective ways of preventing disabling morbidity in otherwise well subjects because as many as a third of strokes are associated with this arrhythmia in those aged ≥70.[2] Given that this arrhythmia is significantly related to age[2] and that a risk of embolism is evident even in subjects without coexisting "clinical heart disease,"[3] it is ironic that old age should even be considered to be a relative contraindication to electrical cardioversion in "asymptomatic" subjects[4] because it is precisely this type of patient who stands to lose the most if denied the benefits of the procedure.

Notwithstanding these spurious considerations, success rates obtained within 12 months[5] or even within 36 months[6] after the onset of arrhythmia are gratifyingly high in all age groups,[6] and complications of the procedure are acceptably few. Furthermore, encouraging results have been obtained with drug prophylaxis against relapse after cardioversion.[7,8]

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"Heartstart Scotland"

SIR,—Professor Stuart M Cobbe and colleagues' paper shows the value of out of hospital defibrillation. The use of the semiautomatic defibrillator avoids the need for expensive training, making this a very cost effective scheme. The organisers of