unethical research relating to Helicobacter pylori?"}

**Reply**

**EDITOR,**—We are writing concerning the paper by Vincent et al (Gut 1994; 35: 313–6) regarding the prevalence of *Helicobacter pylori* infection in cohabiting children. In that study, the authors examined the prevalence of *H pylori* infection among mentally retarded children residing in an institution. *H pylori* infection was confirmed by gasroscopy. 'Informed consent' was obtained from the families.

We believe that this study raises important ethical questions and concerns. Research involving children always raises the 'ethical' flag and the use of invasive procedures requires a very critical look at the risk versus benefit obtained. In most instances invasive procedures will be deemed to be unjustified in asymptomatic children. The problem is somewhat easier if you are dealing with a population of symptomatic children, but even in that group the motivation and clinical practices of a group reporting the results of invasive procedures for diagnosis must be questioned.

This study describes endoscopic investigations in asymptomatic mentally retarded children. It is extremely difficult to imagine any benefit that the children could have gained from participation in the study. We are hard pressed to come up with any reasonable justification for doing the study. Hammerschmidt and Gross note that when a journal accepts a paper for publication after peer review that 'acceptance constitutes at least a silent obstet [no objection] of the imprimator [official licence to print].' Authority of the journal has been placed behind the paper announcing that it has been subjected to scrutiny and has been found to be scientifically, methodologically, and ethically sound. There are two questions: firstly, should the study have been done at all and secondly should it have been accepted for publication?

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