HIV infection and AIDS. This is to discriminate on the basis of HIV.

Fourth, by allowing people who are HIV positive to enter our country we are not importing an incurable infection. We already have HIV infection in Canada. A preoccupation with testing immigrants for HIV antibodies and enacting laws to this effect is probably linked to many factors, including symbolism, disidentification, the need to take action and adoption of a politically safe approach. But most of all it may symbolize that AIDS is "out there", not "in here" and that we can take effective action to prevent its entry. This is one way to disidentify from AIDS, but it is destructive, not constructive, in terms of inhibiting the spread of HIV.

To turn to Dr. Frew's letter, first, I certainly did not intend to give any impression that the issues raised by HIV infection and AIDS should be looked at only from the aspect of the person infected with HIV. Both individuals and the community have justifiable claims. Second, Frew seems to state that "the unwitting victims of this condition" are people other than those infected with HIV. This is difficult to understand unless he is implying that there are "guilty" and "innocent" victims of HIV. Such reasoning is destructive of efforts both to inhibit transmission of HIV and to deal appropriately with people affected by HIV.

The rest of his arguments appear to confuse several concepts and are also difficult to interpret. Frew seems to address (a) compulsory testing, (b) rights not to know that one is HIV positive (that is, rights not to have test results disclosed to one against one's will), (c) confidentiality, possibly including whether society has a right to know a person's HIV status, and (d) discrimination in testing.

There are two underlying issues that need to be addressed in order to formulate responses to these concerns: first, which approach will best reduce transmission of HIV; and, second, which approach respects human rights the most, because all of the concepts mentioned raise questions of fundamental human rights. Fortunately, respect for people as individuals and for their human rights is most likely to inhibit the spread of HIV.[1] That is, at the level of principle and policy there is not a conflict between achieving both of these aims. There could, of course, be individual cases in which this is not true. These should be treated as exceptions to the approach adopted in general and governed by measures that are clearly characterized as exceptional. To the extent that Frew suggests some other course of action I would argue strongly that he is wrong.

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Congenital dislocation of the hip in Canadian Indian populations

Dr. R. Brian Lowry, Nancy Y. Thunem and Stacey Anderson-Redick are to be congratulated for their comprehensive study of congenital anomalies in Alberta (*Can Med Assoc J* 1989; 141: 1155-1159).

It is of great interest that the prevalence of congenital dislocation of the hip (CDH) is *less* among the aboriginal populations of Alberta, British Columbia and Western Australia than it is among whites, whereas in Saskatchewan,[1] Manitoba[2] and northwestern Ontario[3] the situation is reversed. Six Indian communities in northern Saskatchewan had a prevalence rate exceeding 10/1000 in 1967,[1] and at Island Lake, Man., Walker[2] recorded a world-record rate of 337/1000.

This difference in CDH prevalence between the two provinces farthest to the west and the two adjacent provinces is striking. Swaddling of infants, with the legs adducted and extended, has been almost universal among the Cree, Saulteaux, Ojibwa and Chipewyan Indians of Saskatchewan and Manitoba. This cultural practice certainly "brings out" any overt or latent genetic predisposition to CDH, and Indian infants do not show the higher incidence of CDH among firstborn infants and among infants delivered in the breech position observed in studies of white infants.[1] Cultural and genetic differences between the two Canadian Indian populations deserve attention.

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[Dr. Lowry replies:]

Dr. Houston's comments on the prevalence of CDH in Saskatchewan and Manitoba are of great interest. His observations suggest that there are both cultural and genetic differences between the Canadian Indian populations in the various provinces.

Throughout the 1960s and