

should be in the offices of all family physicians.

In summary, I agree with Shanon and colleagues that we need to be doing more, but I also think we need to be doing it with insight. We should banish the term "accident" and, after excluding assaultive trauma and dealing with immediate needs, approach each incident by exploring the dynamics of the event (and of the family), checking the past history, inquiring about "accident proneness" and offering help. In some cases a refusal to accept constructive help in prevention of risk may constitute grounds for a report to a child protection agency.

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I was pleased to read the article by Dr. Shanon and colleagues. The authors' call for prospective multicentre studies on childhood injuries has been partially answered by the establishment in 1990 of the Children's Hospital Injury Research and Prevention Programme (CHIRPP). I write "partially" because CHIRPP is a sentinel child injury surveillance program, not a prospective study.

In this program detailed information on injured children presenting to the emergency department of participating hospitals is obtained from the adult accompanying each child and from the attending physician and is entered on the CHIRPP data collection form. These hospitals — Canada's 10 pediatric hospitals plus 2 general hospitals (Hôpital de l'Enfant-Jésus, Quebec; and Stanton Yellowknife Hospital) — send the data to CHIRPP's national office, at the Laboratory Centre for Disease Control, Ottawa, for entry into the national database (usually within 2 months of occurrence of the injury) and for epidemiologic analysis. CHIRPP is funded by

the federal government, with start-up contributions from Hewlett-Packard Canada and Berol Canada.

With its timely capability of identifying the patterns of how, when, where and why Canadian children are injured, CHIRPP is an exciting initiative that will facilitate the design, implementation and evaluation of effective intervention programs. Readers are welcome to contact me for more information about CHIRPP.

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Ten years of AIDS

Any journal with a tombstone on its cover is bound to be depressing. The Feb. 1, 1992, issue of *CMAJ* was no exception.

The mention of my former laboratory partner at an Ottawa course in epidemiology in 1973, Dr. Gordon Jessamine, as a Canadian pioneer in acquired immunodeficiency syndrome (AIDS) research (*Can Med Assoc J* 1992; 146: 369-370) was probably the only item with which I was happy.

In "Ten years of AIDS: The GP's perspective" (*ibid*: 378-380) I admired Dr. Philip Berger's compassion and courage to speak his mind and can empathize with his involvement because of my own experience with childhood leukemia. However, I find myself in diametric opposition to his approval of AIDS activism.

Dr. Catherine A. Hankins mentions Canada's endorsement of the World Health Organization's guidelines for human immunodeficiency virus (HIV) testing — the three "C" conditions of counselling before and after test-

ing, informed consent and confidentiality ("Ten years of AIDS: AIDS has changed medicine and the way it is practised" [*ibid*: 381-382]). As one of the angry physicians she describes I would add two more "C"s: capitulation to the disease — the epitome of craziness. Ten years of AIDS has indeed changed the integrity of medicine.

The endorsement of pornography, as exemplified by the safe-sex posters so ably displayed by Professor James Miller and Dr. Iain Mackie ("After 10 years of AIDS, safe-sex message still controversial" [*ibid*: 383-384]), is an example of the "C"s that I have added.

Finally, the headline of Lynne Sears Williams' article "Even milk banks for preemies have been affected by AIDS" (*ibid*: 385)) appears to belie the statement attributed to Dr. Andrew Stewart that "there has not been a documented case of AIDS being transmitted by human bite or by any other body fluid except blood or semen."

There have been published cases of horizontal transmission of HIV infection between two brothers in whom bite marks were found¹ and between sisters.² Infection from breast milk is clearly documented.³ There is also the matter of the dentist-related cluster of HIV cases in Florida.⁴

Returning to your rather depressing cover photograph, even the inscription AIDS on the tombstone is wrong. It should read TRUTH!

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References

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2. Transmission of HIV by human bite. *Lancet* 1987; 2: 522
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