as community nurses, and only slightly less help was provided by daughters. Overall, female relatives provided 61% (54/88) of all help. Two men helped their fathers to bathe, but no male relatives helped with strip washes. Only two patients had baths at day centres.

Seventy four people could bathe as often as they liked. Fifteen people (predominantly women with stroke or dementia) had not had a bath for over a year (maximum 18 years). Over half of the patients had been provided with one or more bath aids (seat, mat, rail, or board). Of the 220 aids, 66 were not in use and 13 had never been used.

Comment

Bathing presents the greatest number of problems to old people at home.¹ In our study of 175 selected ill patients over the age of 70 only 95 were able to bathe, a proportion similar to that seen in previous studies.^{1,2} Forty nine were independent in bathing, the rest requiring personal help. Although nursing services provided this help in only 24 cases, bathing is the activity most frequently carried out by nurses and auxiliaries who visit people over the age of 75 at home.¹ In some districts bathing is increasingly carried out by the social services homecare team. The frequency of bathing, however, is usually only once a fortnight, and all those people receiving such help in our survey thought that this was not enough. By contrast, the

people who received help from their family or friends were bathed at least once a week. Only two people had baths at day centres. Although less cost effective than providing help with bathing at home, bathing at day centres allowed old people to enjoy a proper bath with help from care assistants.

Our finding that over half of the elderly people surveyed were not receiving baths as often as they would have liked merits fuller consideration. If personal help is needed then family or friends are usually willing to provide it. Some people, however, may prefer to seek professional help from either the community nursing team or social services.

We believe that personal hygiene is central to good health and wellbeing and recommend that any health professional assessing a disabled or elderly person should routinely ask about bathing. Sufficient services should be available to enable people to be bathed in their own home at least once a week.

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Forearm fractures in schoolchildren

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In the United Kingdom, as elsewhere in the Western world, accidental injury is the most common cause of morbidity among schoolchildren¹ and accounts for up to one child in five presenting each year to accident and emergency departments.² Fractures and sprains account for over a quarter of all childhood accidents² and are a major cause of orthopaedic referral. Within this group fractures of the forearm figure prominently.³ Although accidental injury implies "an unpredictable and therefore unpreventable event,"⁴ the magnitude of the problem led us to reconsider this definition.

Patients, methods, and results

We carried out a prospective study of 200 schoolchildren aged 5 to 15 who had fractured their forearm. The series was consecutive, with all children being seen in the fracture clinic at this hospital from January to June 1988. We recorded the age and sex of the child, the cause of the accident, whether the fracture required manipulation, and where the accident had happened.

Of the 200 children, 123 were boys and 77 girls. The table shows the causes of fracture. For both sexes the most common cause was running and tripping, with 40% of all fractures occurring at the weekend or during school holidays.

The incidence of fracture was higher in children not supervised by an adult (115 (58%)), and fractures in this group also more often required manipulation under anaesthetic (48/70 (69%)). Of all the manipulations performed, 60 (85%) were carried out after 5 pm, which influences the hospital service that must be provided. Altogether 26% of fractures occurred at school, and, though supervision seemed adequate

during organised physical education and sporting activities, there was little supervision during "break" periods, when most fractures occurred.

Comment

Children cannot be completely protected from accidents as such an environment would impede the development of their independence.⁴ Protecting children from things that are unnecessary for development, however, is worthy of attention.

We found that simple falls were the most common causes of fractures in both boys and girls, and reducing these would seem impossible to achieve. Thus simple falls most closely fit the definition of accidental injury. In all other cases a clear precipitant of fracture was found, particularly in girls who fell over while roller skating. Although the degree of experience of roller skating varied, none of them had received any formal instruction and all of them had sustained their injuries while playing locally on ground surfaces that were not ideal for this type of sport. The difference in rates of injury between girls on roller skates (16/77, 21%) and boys on skateboards (8/123, 7%) probably reflects the

Causes of fracture among 200 children attending fracture clinic over six months

Cause of fracture	Boys (n=123)	Girls (n=77)
Running and tripping	22	22
Falling from height	16	1
Playing football	16	3
Roller skating		16
Bicycling	12	3
Swinging on rope	11	
Playground accidents	9	4
Skateboarding	8	
Fighting	8	3
Winter sports	5	3
Falling down stairs	4	4
Falling from chair	3	1
Physical education	3	6
Road traffic accident	1	
Minor sports*	5	11

*Included basketball, judo, and karate for boys; and horse riding, rounders, netball, badminton, and gymnastics for girls.

fact that the feet are securely held in roller skates while on skateboards they remain free. Thus children who fall while wearing roller skates cannot recover their balance whereas those who fall from a skateboard often can. Although the hazards of skateboarding have been reported,⁵ a greater awareness by parents of the dangers of both activities might reduce the frequency of this type of accident.

Although our study suggested that some forearm fractures in schoolchildren are probably unavoidable, in most cases improved education of parents and children and better supervision during the risk periods—for example, break periods at school—might reduce

the incidence of this injury, resulting in reduced morbidity and NHS expenditure.

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Screening for HIV in medicolegal necropsies in Helsinki

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Testing homosexuals and drug addicts for HIV in Finland during 1984-6 led to a rapid increase in the numbers known to be infected. Subsequently the number of new cases decreased despite increased free testing through voluntary screening programmes. The rate of refusal varied from 1% in pregnant women to 59% during a campaign of voluntary testing,¹ which led us to believe that people at high risk are likely to refuse a test. Homosexuals and drug addicts with a high risk of infection with HIV often commit suicide² or otherwise die violently³ and are thus subjected to medicolegal necropsy. Hence testing for HIV in medicolegal necropsies might identify carriers in whom HIV was previously not suspected.

Methods and results

We tested serum samples for HIV antibodies with an enzyme immune assay³ in two series of medicolegal necropsies (table) performed in 19·8% of all deaths in Helsinki and its environs (population 1·1 million). The

Screening for HIV in medicolegal necropsies in Helsinki in 1986-8

Necropsy series	No of necropsies	No (%) tested for HIV	No (%) positive for HIV*
Male suicides (1986-7)	209	All	
Homosexual history	7		
Drug addict	4		
Fear of HIV	2		
All medicolegal necropsies (1987-8)	2301	2047 (88·2)	2 (0·09)
Suicides	317		
Other violent deaths	716		
Diseases	1268		2

*By enzyme immune assay and western blot method.

series included all suicides among men during two years and all violent deaths during one year. In a series of 209 consecutive suicides in men all data from police reports were screened to acquire information on sexual orientation and the use of illicit drugs.

Two of the 2256 tested samples (0·09%) were positive for HIV antibody (table). One was from a 51 year old woman with pulmonary candidiasis and severe thrombocytopenia caused by acute myeloid leukaemia and HIV infection. She had contracted HIV infection in 1986 through blood transfusions. The other sample was from a 30 year old alcoholic homosexual man with

a year's history of HIV infection, which manifested itself mainly as gastrointestinal symptoms; the necropsy showed unspecified pneumonia with atrophy of the lymphatic tissue and slight leucoencephalopathy.

Out of 209 suicides of men negative for HIV, evidence of homosexual behaviour was found in seven and use of narcotics in four. Fear of having contracted HIV was the reason for suicide of two heterosexual men, who were negative for HIV.

Comment

Most (78%) of the 240 people positive for HIV among the 150 000 tested in Finland (population 4·9 million) by the end of December 1988 were from the Helsinki region, where the incidence corresponds to the European average. Of the people positive for HIV, 149 were homosexuals, 59 were heterosexuals, 11 were drug addicts, eight had been infected through blood products, and 13 were unspecified.

We expected to find several previously untested men infected with HIV with a homosexual or drugs background, especially among cases of suicide. Our results suggest, however, that the prevalence of carriers is low in the general population as well as among heterosexual or homosexual men who commit suicide. In line with data on voluntary tests of arrested drug users¹ our results indicate that HIV has not gained a foothold among the 300 or so addicts in Helsinki. This, however, could change rapidly, as occurred in Sweden and Italy.⁴

In a recent survey 12% of Finns were concerned about catching HIV and 3% believed that the risk of infection was high.⁵ Therefore, that fear of HIV was the reason for suicide in two seronegative heterosexual men is not surprising.

Our results agree with existing data that indicate a decline in the rate of increase of the incidence of HIV infection in Finland. We believe that continuous testing for HIV antibody in medicolegal necropsies is valuable in monitoring changes in the epidemiology of the early phases of infection in the community, particularly when it pertains to suicides and violent deaths of people at high risk.

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