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Safer Motoring

SIR,—Your leading article (28 April, p. 195) supports the evidence from other countries that the majority of car occupants are fatally injured by being thrown about within or out of a relatively intact passenger compartment. Such evidence has led to laws enforcing the wearing of safety belts by front seat occupants throughout Australia (Victoria in January 1971, the other states in January 1973). The results in Victoria are interesting. First, a significant decrease in their car occupant deaths, though less than one would expect of a really efficient restraint system if radically enforced. Next, loud complaints from motorists of "unsatisfactory belt design and anchorage" directed, it seems, against car manufacturers (personal communication from Victoria).

There are those who feel, and I must confess I leaned towards their views, that in Britain the wearing of safety belts should not be made mandatory until the system fits all shapes and sizes of people over their appropriate skeletal structures. Clearly when belts are anchored to pillar and floor, and are remote from their wearers, they do not always meet this basic requirement. Yet when anchored to the car seat and close to the wearer, as the late car seat manufacturer Cox of Watford proved many years ago, the improvements in their fit, comfort, and protection are considerable¹ and meet the suggestions of Dr. K. E. Jolles (2 June, p. 549). The Cox "safety seats" were not favoured by our car manufacturers, who commented that they were "too heavy, too expensive, and could not be made to recline fully," though the last requirement is a pure sales gimmick and devoid of any overall consideration for the occupants' protection. They

were heavier than the flimsy and poorly anchored seats they were intended to replace because they incorporated firm anchorage to meet the mandatory specifications for the strength of their incorporated belts and their frame strength gave additional occupant protection. They were expensive only in comparison with the very low cost of mass production seats.

As Dr. Jolles remarks, "the search for even better belts must continue apace." The Australian motorists seem to have passed this challenge directly on to car manufacturers and I can think of no greater stimulus to improvement in occupant restraint systems than consumer demand and its direct effect on car sales in that highly competitive industry. Perhaps, after all, the Australian legislators were right in introducing compulsory belt wear even at this stage of belt design development.—I am, etc.,

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SIR,—On theoretical grounds I would agree entirely with Dr. K. E. Jolles (2 June, p. 549) that retractable seat belts should be the only approved type since they allow the driver more movement than the somewhat restricting fixed type. However, I have recently obtained a car with retractable belts and I find the pressure of the belt on my chest and shoulder to be distractingly irritating—this could be dangerous.

There is a risk that the wearing of seat belts will be made compulsory before sufficient is known about them. The only

statistics available, as far as I know, show that if you are going to turn your car over or have head-on collision you will do yourself less damage if you are wearing a seat belt. I know of no statistics to show what effect the wearing of a belt might have on some drivers. Two questions come to mind: (1)—Does the wearing of a seat belt make some reckless drivers feel "so safe" that they drive even more recklessly? (2)—To what extent does the wearing of a belt inhibit normal good driving techniques, such as the application of the hand-brake at traffic lights?

The subject has recently come up as to whether seat belts are really life-saving in a head-on collision. The Monmouthshire coroner has recorded a verdict of accidental death on a motorist "who received a broken neck when wearing a seat belt in a crash involving her car and a lorry. The coroner told the jury 'it could be that the seat belt was the cause of the broken neck'."¹ Before compelling people to wear seat belts to protect them from one sort of injury, let us be quite sure that we are not encouraging other types of injury.—I am, etc.,

T. H. S. BURNS

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¹ *Daily Telegraph*, 1973, 12 May, p. 17.

Early Endoscopy in Haematemesis and Melaena

SIR,—The enthusiasm and expertise of Dr. P. B. Cotton and his colleagues (2 June, p. 505) excites the admiration of all those engaged in the difficult tasks of diagnosis and management of acute upper gastrointestinal bleeding. They make a most persuasive case for urgent endoscopy as the primary investi-