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Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters must be signed personally by all their authors.

As stated each week in "Instructions to authors" no letter will be acknowledged unless a stamped addressed envelope or an international reply coupon is enclosed.

Suicide and parasuicide

SIR,—It is good to see the *BMJ* giving publicity to the recent conference on suicide and parasuicide, but as an attender at that conference I find your leading article (4 November, p 1246) disappointing in several ways. With reference to parasuicide alone there are two main respects in which the article is confused and may be misleading to a wider medical readership.

Firstly, there is the confusion between suicide and parasuicide. Though the heading of the article, in accurate reflection of the conference, keeps the words and the concepts separate, in the body of the article parasuicides are referred to as "those who had apparently attempted unsuccessfully to kill themselves" and then as "attempted suicides." Identified before their parasuicide, they are termed "potential suicides." This confusion rests on the incorrect assumption that both forms of

behaviour share death as the desired outcome. It is now 20 years since Stengel and Cook¹ suggested that suicides and what they still called "attempted suicides" formed "two different though overlapping populations." Subsequently the case for abandoning the term "attempted suicide"—with its misleading reference to motivation—has been forcefully argued^{2,3} and other terms have been advocated which describe the behaviour without reference to any specified intended outcome—namely, "deliberate self-poisoning and self-injury" and "parasuicide." The importance of this is principally that the use of the term "attempted suicide" leads the uninitiated to take seriously only those events in which the person narrowly escapes death—that is, seems to have attempted suicide and failed. Medical seriousness is by no means a reliable criterion of the need for psychiatric intervention.^{4,5}

Secondly, though parasuicide undoubtedly places a large and increasing burden on psychiatric services, this is exaggerated by the incorrect account given of Department of Health and Social Security guidance "that all attempted suicides should be assessed by a consultant psychiatrist." In fact, the Ministry of Health Circular⁶ in 1961 asked hospital authorities to "do their best to see that all cases of attempted suicide brought to a hospital receive psychiatric investigation before discharge." The Hill Report⁷ in 1968 recommended that "all cases of deliberate self-poisoning should receive psychiatric evaluation and social help." This does not appear to me to preclude the assessment being done by non-psychiatrists, suitably trained and under psychiatric supervision. However, I feel that in your final paragraph, dealing with the several recent studies of alternatives to assessment by psychiatrists and advocating change in official guidelines, your conclusions move too far from the evidence. What is not known, as previous correspondence⁸ has pointed out, is to what extent—outside the competitive framework of an experiment—physicians, social workers, etc, will have the inclination and enthusiasm to take over responsibility for this burden as part of their daily routine. Documentation by Patel⁹ and

others of medical and nursing staff attitudes to self-poisoning patients should at least sound a note of caution.

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¹ Stengel, E, and Cook, N G, *Attempted Suicide*. Maudsley Monographs No. 4. London, Chapman and Hall, 1958.

² Kessel, N, *Journal of Psychosomatic Research*, 1966, **10**, 29.

³ Kreitman, N, et al, *British Journal of Psychiatry*, 1969, **115**, 746.

⁴ Kessel, N, *British Medical Journal*, 1965, **2**, 1336.

⁵ Lester, D, and Beck, A T, *Psychological Reports*, 1975, **37**, 1236.

⁶ *Attempted Suicide*. Circular HM (61) 94. London, Ministry of Health, 1961.

⁷ *Hospital Treatment of Acute Poisoning. Report of the Joint Sub-Committee of the Standing Medical Advisory Committees to the Central Health Services Council and the Scottish Health Services Council*. London, HMSO, 1968.

⁸ Hill, D, *British Medical Journal*, 1978, **1**, 362.

⁹ Patel, A R, *British Medical Journal*, 1975, **2**, 426.

Car seat-belt legislation—third time lucky?

SIR,—I can assure Dr J G Avery (11 November, p 1364) that the surgeons have not been inactive in this matter of seat-belt legislation.

In April 1978 the council of the Royal College of Surgeons of England voted 31 to 1 in favour of governmental legislation to ensure the use of safety belts, at least by the front seat occupants of motor-cars. Even the one dissentient councillor has himself worn seat belts conscientiously for many years. Information about our council's resolution was referred to in letters of mine to the *Daily Telegraph* (21 April) and *The Times* (24 April). As a result of these letters Mr John Cronin FRCS (MP for Loughborough) put down a question in the House of Commons shortly afterwards.

On 15 May 1978 there was a Hunterian lecture at the Royal College of Surgeons of England by Professor F T McDermott entitled "Control of road trauma epidemic in Australia," in which he described a dramatic reduction in the incidence of death and serious injury of car occupants following the compulsory use of seat belts in Australia.¹

On 6 June 1978 I wrote to the Prime Minister and the Leader of the Opposition to inform them that, a few days earlier, I had met the presidents of the other surgical royal colleges in Great Britain and Ireland and had received full support for the views expressed by the council of the English college. Later that month the Conference of Presidents of Royal Colleges (representing every medically connected royal college in the kingdom) gave unanimous backing to the council of the Royal College of Surgeons of England.

Last month, on the initiative of the president of the Royal College of Surgeons of Edinburgh, all the surgical presidents sent a letter to the Secretary of State for Transport (with a copy to the Secretary of State for Social Services) underlining the impressive evidence on the reduction of death and serious injury of car occupants following appropriate legislation in both Ontario and Australia. We further requested that a promise of suitable legislation in the United Kingdom should be included in the Queen's Speech at the opening of Parliament. The Edinburgh college also sent letters to every member of Parliament in Scotland.

On 6 November I wrote again to the

Secretary of State for Transport to remind him of all the earlier correspondence and enclosed a reprint of Professor McDermott's Hunterian lecture.

We are shortly proposing to circularise all members of Parliament and I certainly hope that many of our fellows and other doctors will write to their own members. I am aware that a minority of our colleagues object to legislation which would compel the use of seat belts, though, as in the case of the speed limit and other similar legislation, anyone would be at liberty to ignore or circumvent such laws if he so wished. However, it is remarkable that one does not appear to encounter conscientious objection to the use of seat belts in passenger aircraft.

The implications of all this for our sorely pressed hospital service and hospital staffs must surely need no emphasis in a medical journal.

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¹ McDermott, F T, *Annals of the Royal College of Surgeons of England*, 1978, **60**, 437.

SIR,—With reference to the letter on seat-belt legislation, I agree absolutely with Dr J G Avery's statement (11 November, p 1364) that it should be made compulsory for children to be suitably restrained in cars. At the same time car manufacturers should be forced to provide suitable fittings for children's safety seats and junior seat belts, thus making unnecessary the difficult process of removing seats, drilling holes, and tightening inaccessible nuts and bolts.

As for adults, they should have the choice. There is far too much restrictive legislation in this country, supposedly for the general public's own good. We should all be free to make our own decisions where the life and health of others are not at risk.

I might add that I always wear a seat belt myself, insist that my children do so, and strongly persuade my passengers also.

PRUNELLA E NEWTON

Sale, Greater Manchester

SIR,—I could not leave Dr J G Avery's letter (11 November, p 1364) unanswered.

Firstly, the issue is not whether seat belts are useful or good. They are. The issue is whether the people should have the right to choose or not. In a free country the answer can only be yes, they do. The State is not a nanny, nor are the citizens helpless children. They are responsible adults, capable of voting, getting married, choosing a job, and choosing whether or not to wear seat belts.

Secondly, this is not to decry the use of propaganda. By all means present the evidence, endeavour to persuade, although the reasons for the lack of response warrant consideration. Is it a distrust of experts and a justifiable contempt for an obsessional "safety first" approach? Is it a different attitude to life? What other countries do will probably, quite rightly, be considered irrelevant.

Thirdly, only a fool would argue that merely because something is good and healthy it should necessarily be legally enforced. The idea may be suitable for a Monty Python sketch about health police but is hardly a valid basis for legislation. Other reasons are also needed.

Fourthly, to argue about "rights" is tricky. Is not the right to choose a right? To choose between rights (is there a right to choose between rights?) involves a complex of values which requires more space than I fear I will be allowed.

Fifthly, the question of the cost to the NHS raises the issue of dictatorial tendencies, which it is not yet necessary to pursue. But since when has the parsimony or convenience of the Exchequer been a basis for legislation?

Sixthly, who will enforce the proposed legislation? Our overworked police force, having, I suspect, more commonsense than the protagonists of this Bill, will probably not have the time or energy to act as a general nursemaid and the law will be effectively unenforced. Unenforced legislation is futile and brings the law into disrepute.

Seventhly, the proposed legislation obscures the cause of accidents. Drunken and dangerous driving are, or should be, the subjects of legislation, not the purely cosmetic approach of seat-belt legislation.

Eighthly, it only remains to condemn the attitude that, like an overprotective mother, would nurse and cosset us all our days. We must fight to repel this tide of hyperactive maternalism at its earliest, at seat belts, lest it rise and engulf us all.

JOHN ALLEN

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Study of causes of death in younger diabetics

SIR,—The British Diabetic Association, in conjunction with the Medical Services Study Group of the Royal College of Physicians of London, is planning a confidential study of all deaths occurring in diabetics under the age of 50 in the United Kingdom during 1979.

The aim of this study is to obtain a better understanding of the causes of death in younger diabetics in the hope of improving our knowledge and management of this common disorder. Interested members of the British Diabetic Association have undertaken responsibility for the project in each of the NHS regions in the United Kingdom. It is hoped that area medical officers will assist by notifying "regional representatives" of all such deaths and that consultants and general practitioners will be willing to lend case notes and give their expert opinion so as to afford the project every facility to achieve its objectives. Dr Michael Tunbridge is in overall charge of the investigation and further information regarding it may be obtained from him at the British Diabetic Association, 10 Queen Anne Street, London W1M OBD.

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Caring for babies of very low birth weight

SIR,—Your leading article on this subject (21 October, p 1105) outlined the problems of this high-risk group of patients in an admirable way. However, the solutions to the problems, although stated in the article very clearly, are not easily put into practice, especially in a rural