EDITORIAL

This issue of the journal has two important papers from the United States of America in which the pros and cons of 'emergicentres' are argued. These have not been developed in the United Kingdom to any great extent, and before any further expansion is considered we would do well to analyse and criticize the American experience objectively. It is important to distinguish between 'private practice' and 'privatization': any emergency service, if it is to be effective, must be maintained at maximum strength on a 24-hour basis. This is expensive and will always require public funding.

The medical effects of the seat-belt legislation have been described in a report (Rutherford *et al.*, 1985) which I recommend anyone involved in the emergency services to read. On 17 September 1985 the Casualty Surgeons Association of the United Kingdom held a one-day meeting at the Royal College of Surgeons for further discussion of the report and its implications for the future. The papers from that meeting are included in a shortened form. Although neither as fluent or complete as when originally presented, these papers form a useful supplement to the report itself. At the end of each paper there is a brief outline of the points raised in discussion. Emergency departments have access to data on many public health matters, and it is to be hoped that this endeavour is the first of many.

A. D. REDMOND
Editor

REFERENCE

Rutherford W. H., Greenfield A. A., Hayes H. R. M. & Nelson J. K. (1985) *The Medical Effects of Seat-Belt Legislation in the United Kingdom*. London: Her Majesty's Stationery Office.