than our own and against their Government's wishes, and after being nakedly exploited by us find the "training" they have received so inappropriate to their own societies' problems as to be a lasting source of dissatisfaction and unhappiness and a deterrent to their return home.

Dr. Lawrence, and you, Sir, would do better to castigate those responsible for this situation than attempt to paper over genuine differences and preferences between the races which are certainly mutual, probably beneficial, and deeply rooted in our respective evolutionary past. The pages of history are stained with the consequences of imposed solutions of who lives where and with whom. A certain amount of bickering to fend off territorial encroachment seems preferable to catastrophic confrontations, and is not incompatible with courtesy, respect, and understanding between the races—a goal not beyond us.—I am, etc.,

J. W. PAULLEY.

Ipswich.

More about Seat Belts

SIR,—I am whole-heartedly with Mr. R. Mangnall's (21 December, p. 776) condemnation of seat belts left lying on the rear floor of the car ready to trip occupants as they emerge. There are numbers of cases on record like the one he describes, where such entanglement has led to fractured thighs. As stated, this risk is greater in the case of two-door cars. We must certainly continue to press by all means at our disposal for adequate seat-belt stowage provision when not in use, which will keep the webbing clean, handy for next time, and safely out of the way when getting into and out of the vehicle. Many static designs of belt already offer suitable stowage brackets or buttons, while automatic belts not only give the wearer complete freedom of voluntary movement but have the added advantage of furling themselves out of the way when not worn. Ultimately, an automatic belt integral with the seat may prove the long-term answer.

Too often, however, the fault, dear Brutus, lies not in our belts but in ourselves. We are

too lazy to use the means of stowage provided. Recent correspondence has highlighted the dangers of not wearing seat belts correctly; this exchange points the moral that not stowing them correctly is just as dangerous, and just as preventable.

An urgent word of warning here about the retractors Mr. Mangnall advocates. True, they take up the slack in the webbing and so help to keep it clear of doors, but, firstly, their position on the strap is critical if by their presence they are not to constitute a hazard to chin or chest in a crash. Secondly, just because they effectively tension the belt when worn, they deprive the wearer of the valuable warning that a belt may have loosened in use and needs a tightening tug on the free end. Unless the wearer bothers deliberately to check his belt tension every hour or so, he is liable to be deluded into a false sense of security by a seemingly taut belt which may be, in fact, dangerously slack.—I am, etc.,

K. E. JOLLES.

Birmingham 8.

Nickel as Cause of Wedding-ring Dermatitis

SIR,—Increasing numbers of women present with wedding-ring dermatitis. Usually the onset of detergent dermatitis is heralded by the localized ring dermatitis. A new factor, of which I was ignorant, is evident. A patient reported that if she used her engagement ring (reversed) the eczema went. A jeweller confirmed that nickel is now used to harden gold wedding-rings. A patch test on the patient confirmed that she was sensitive to nickel.

As nickel dermatitis is not uncommon, and as it is a reliable allergen if given sufficient encouragement, I wish to protest against the use of this metal in wedding-rings. I also wish to draw the attention of the profession to the new situation. I would be interested to know when the use of nickel instead of copper in making jewellery took place.—I am, etc.,

S. W. V. DAVIES.

Harrold, Beds.

Administrative Structure of the N.H.S.

SIR,—The Green Paper has produced much discussion among the profession, and the greatest response (as in your leader of 21 December, p. 720) has been a demand for medical representation. You say that "the Health Service should be run by doctors and not by laymen"—but at what level? There is little hope of this being achieved at ministerial level, and one wonders whether any totally satisfactory arrangement could be made at area board level.

The paper envisages a board of only 15 members controlling the health services for a population of about 1 million, both for general practice and public health as well as the hospital service, and to my mind this means that the members should be full-time. If there are to be any medical men on the boards they must be men who are prepared to give up their medical careers for administration, and they would be on the boards as administrators and not as representatives of any medical organization. It might be

unrealistic to expect the Ministry to accept elected representatives serving short-term periods on the boards.

As far as the hospital service is concerned the ultimate safeguard for hospital medical staff would be that the democratically elected chairmen of the medical executive committees of the groups in the area have full access to the area boards and that they should be responsible to the boards and not to any hospital "managers" nor to the chief medical officer appointed by the boards. By full access is meant that they should meet at the area headquarters and should be responsible for advising the board on hospital medical matters and should be responsible for the day-to-day running of the hospital medical service through their executive committees. Indeed, with a good hospital manager to control the non-medical administrative structure there may well be no need for any third tier. Even if there is a third tier there must be an increased medical membership. It is

at this level that adequate medical representation is most needed.—I am, etc.,

J. POTTER.

Ulverston,
Lancs.

SIR,—Having read the Green Papers^{1,2} issued by the Minister of Health and the Secretary of State for Scotland, as a retired general practitioner who took an active part from 1944 onwards in the medico-political turmoil which preceded and succeeded the National Health Service I would like to make some general observations to my colleagues still in practice.

I would like to see avoided the mistakes made at that time. In retrospect most of the discussions during 1945 and 1948 consisted of destructive criticisms. I am well aware that this was not entirely the fault of the medical profession, but was largely due to the intransigence of the then Minister of Health. If we can accept the words of both the Ministers that these Papers are merely a basis for discussion we should take full advantage of this.

The unification of the three parts of the Health Service has been something we have desired for a long time. Now the Ministers have come round to our way of thinking. So let us take advantage of this change of attitude and try to come to an agreement on a new administration. Perhaps by co-operation we might be able to get an administrative set-up which will be better liked and of greater benefit to the profession and the public.

If the general principle that a properly integrated service would improve conditions for those working in the National Health Service, and also for the patients, is accepted, the details of how this can best be achieved can be worked out in the course of discussions and negotiations.—I am, etc.,

ALEX BROWN.

Connel, Argyll.

REFERENCES

- ¹ *The Administrative Structure of the Medical and Related Services in England and Wales*, 1968. H.M.S.O., London.
- ² *Administrative Reorganisation of the Scottish Health Services*. Scottish Home and Health Department, 1968. H.M.S.O., Edinburgh.

SIR,—Paragraph 89 of the Green Paper¹ stated that "it would be necessary to consider arrangements for the distribution and management of the Hospital Endowment Fund and Trust Funds held by hospital authorities."

I am concerned that "free monies," which are now administered by boards of governors of teaching hospitals and management committees of non-teaching hospitals, may be absorbed into central funds if the present administration should be replaced by area health boards, as suggested in the Green Paper. This is not a trivial matter, as vast sums of money are involved. With the aid of non-Exchequer funds we have established the following at the Royal Gwent Hospital, Newport, Mon.:

- (1) A postgraduate centre;
- (2) A medical library;
- (3) A cytology clinic;