stenting is undoubtedly affected by the enthusiasm, or lack thereof, of surgeons in the community to perform Whipple resections in this disease. If the residing philosophy is one of conservation (as is my current approach), the tendency for "preoperative" stenting will be more enthusiastic than in a centre where the surgical approach to palliation in this disease is more the rule than the exception.

Clearly, the surgical approach to these patients is also significantly coloured by the availability in the community of skilled interventionalists, both radiologic and endoscopic. In my centre we are blessed with a competent team of radiologists who are prepared to perform fine-needle aspiration biopsy followed by percutaneous placement of an expandable metal stent, which remains internally fixed and, in most cases, provides excellent palliation for these unfortunate patients. If this management strategy is not available to the average general surgeon (as I suspect it is not), a more surgical approach to the disease is obviously mandatory.

Regardless of one's philosophy, it is essential that we as general surgeons identify individuals within our ranks who have the interests and skills required to accept these patients in referral from those of us with less experience and enthusiasm for surgery in this disease. The "designated hitter" for carcinoma of the head of the pancreas is an absolute must in our current surgical environment.

Dr. Taylor is to be congratulated on tackling a serious surgical subject with considerable objectivity, and his sections on the ideal surgical palliation, the issue of curability and the future prospects in this disease require careful reading by all general surgeons rendering opinions in patients with putative malignant disease in the pancreatic head

It remains for each of us to develop a philosophy of management for carcinoma of the head of the pancreas that keeps morbidity at the lowest possible level, that takes account of issues relating to quality of life in these patients and that dedicates itself to the improvement of the techniques to prevent, evaluate and ultimately cure this highly lethal tumour.

Reference

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Acetabular fractures and seat belts

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The article by Al-Qahatani and O'Connor in this issue of the *Canadian Journal of Surgery* (pages 317 to 320) raises important issues regarding the incidence and severity of acetabular fractures seen in a regional trauma centre. These authors present convincing evidence that the incidence of such injuries is significantly diminished by the use of seat belts. In addition, they point out that associated injury in these same patients is reduced both in incidence and severity. This is important for the surgical community in Canada since it influences current practice and encourages us to continue to promote safe driving practices, including the use of seatbelt restraint.

The high incidence of significant associated injuries in patients with acetabular fractures should suggest to the practising surgeon that acetabular fractures sustained in motor vehicle accidents are rarely isolated injuries, and significant associated injury should be carefully sought in such patients. The corollary is also true — patients with multiple injuries suffered in motor vehicle accidents should be carefully examined for pelvic and acetabular injury.

The overwhelming evidence that the use of seat belts diminishes the incidence and severity of both acetabular fractures and other injuries must be vigorously promoted by the surgical community to the public.

It is anticipated that the incidence of pelvic and acetabular fractures will further diminish with the implementation of side-impact protection as a routine feature in imported and North American cars in the years to come.

The authors are to be congratulated for a careful study of a frequently overlooked problem and encouraged to continue their ongoing analysis of this injury pattern.

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