Obesity

SIR,—To continue the obesity question raised by Dr. John Anderson (26 February, p. 560), and in reply to Dr. T. C. Dann's comment (18 March, p. 748), I would like to suggest that those people trying to lose weight satisfactorily (0.75-1 kg per week) cannot also eat fresh fruit freely. We recommend three servings of fruit (fresh or stewed without sugar) per day, and a consumption of two extra servings would lead to at least 100 calories over their prescribed calorie intake.—I am, etc.,

C. A. BLACKWELL
Dietitian

Northwick Park Hospital,
Harrow, Middx

"Cot Deaths"

SIR,—Congratulations to Dr. John L. Emery on his sensitive and perceptive article about families who experience cot deaths (4 March, p. 612). He seems at sea, however, when describing help for the parents

afterwards. I wonder if he has misread the formation of guilds of parents who talk about their experiences. Rather than deploring this, I would take it as expressing their need and possibly a signpost towards how professionals might extend their service and skills by offering an opportunity for this discussion. This is different from, say, a paediatrician offering an opportunity to parents which really does not help them with their feelings.

Where then are the resource people with interpersonal skills to help these parents? Dr. Emery reasons well about the family doctor and the health visitor being out of action at this particular time. I think that a social worker briefed with medical information might be best placed to help. Although dealing with a social worker in a different organization with recent doubts about doctors giving information to social workers makes this sort of co-operation daunting at first glimpse, perhaps it is not impossible.—I am, etc.,

T. E. LEAR

St. Crispin Hospital,
Duston,
Northampton

Health Services in London

SIR,—One of the most difficult problems in the reorganization of the health services is the distribution of services in London. As a matter of principle it has been suggested that the boundaries of area health authorities and local authorities should coincide. I believe in this principle and feel that a solution should be found within it.

A proposal put forward by the Department of Health and Social Security would divide London into 16 area health authorities with an inner ring of teaching hospital authorities (A.H.A.(T.)s) and an outer ring of non-teaching hospital authorities. The populations of these would range from about 234,000 to 785,000. This proposal suggests that the teaching hospitals will be concentrated within the smaller areas and up to three undergraduate teaching hospitals will be within one A.H.A.(T.). This proposal is at variance with the proposed pairing of

medical schools agreed by the University of London and makes it more difficult for the teaching hospitals to subserve a district function effectively. It would create numerous boundary problems where hospital catchment areas and area authority boundaries do not coincide. There would be even greater problems for some general practitioners.

I support the principle of multidistrict A.H.A.(T.)s but feel that there are several other possible solutions which might in the long run prove more satisfactory than the one proposed by the D.H.S.S. If the University of London arrangements are taken as a starting point several different distributions of A.H.A.(T.)s are possible, one of which is demonstrated in the Figure.

This proposal divides London into seven areas each of which has at least one undergraduate medical school but none has more

than two. The populations of these areas would range from about 677,000 to 1,262,000. This will equate the situation in London with that in the provinces, where whole cities or counties are likely to become multi-district A.H.A.(T.)s. Implicit in both this proposal and that of the D.H.S.S. is that a teaching hospital need not be sited within

Area	Hospital Authorities	London Borough Councils
1	St. Bartholomews, London, Hackney, East London, Forest Group, Thames, Ilford and District (part)	City of London, Tower Hamlets, Hackney, Waltham Forest, Newham, Redbridge
2	U.C.H., Royal Free, Hendon, Barnet, North London, Enfield, Tottenham	Camden, Islington, Barnet, Enfield, Haringey
3	Middlesex, St. Mary's, Chelsea and Kensington, St. Charles, Northwick Park, Central Middx	Westminster, Chelsea and Kensington, Harrow, Brent
4	Westminster, St. Thomas's, Kingston, South London Group excluding St. James's	Lambeth, Wandsworth, Kingston, Richmond
5	St. George's, St. James's, St. Helier, Croydon and Warringham	Merton, Sutton, Croydon
6	Charing Cross, Hammersmith, S.W. Middlesex, Uxbridge Group, Harefield and Northwood	Hammersmith, Ealing, Hounslow, Hillingdon
7	Guy's, King's, Lewisham, Greenwich, Woolwich, Bromley, Cray Valley	Southwark, Lewisham, Bromley, Greenwich, Bexley

the area from which it is administered, but it will be administered by the A.H.A.(T.) responsible for the population that it principally serves. This size of area will make the planning of services for the people within a borough much easier since health and local authorities will be planning for the needs of those using the services. The larger areas will diminish the problems of boundaries between areas and will thus enable the general practitioner to have far greater freedom in his use of services; teaching responsibilities, particularly in relationship to the community, can be satisfied within the area and thus a far closer relationship can be developed between the hospital and community services. The major problems facing the Health Service are of long-term chronic illnesses, where the close relationship between community and hospital services is essential.

Enlargement of A.H.A.(T.)s should not be seen as a threat to the regional authorities, but should be seen as enabling them to exercise their functions more effectively. Clearly there will be problems at first with many hospitals serving populations in an A.H.A.(T.) other than their own. I believe, however, that these problems will be less severe in the proposals that I have put forward than in those proposed by the D.H.S.S. This pattern will allow the development within the G.L.C. area of one high standard of care.—I am, etc.,

W. W. HOLLAND

Department of Clinical Epidemiology
and Social Medicine,
St. Thomas's Hospital Medical School,
London S.E.1

THE GREATER LONDON COUNCIL AND THE LONDON BOROUGHS