

radiating areas who would find it necessary to be in contract perhaps with five different family practitioner committees if they were to continue to provide a service for the patients now in their care.

It is the view of general practitioners expressed by the five metropolitan local

medical committees that if the standards of the provision of family practitioner services are not to be lowered it is essential to preserve in broad outline the administrative areas which are now in being, and I therefore suggest for discussion that a condominium of family practitioner committees be formed

which would correspond with the existing areas of the metropolitan executive councils.

Their proposals would cause the minimum disruption of the Part IV services and would prevent the very great administrative difficulties which would inevitably flow from the breakdown and scattering of a register of three million patients and two thousand general practitioners. The criticism that this proposed condominium of Inner London would extend over four regional boundaries is not, I believe, insuperable because resources for family practitioner services are to be allocated directly by the Department and do not form part of a regional allocation. I believe that the experience of the Inner London Executive Council in dealing with 13 Inner London Metropolitan Boroughs provides sufficient evidence that the condominium I have described would be able to advise the six separate area health authorities on all the aspects of the provision of Part IV services.

The combination of Inner London Boroughs would create area health authorities which would be designed to provide services in the community based on structures which have evolved over the years and which bear a close relationship to the general practitioners, the local authorities and the hospitals which together provide the service which is needed.—I am, etc.,

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Secretary, Inner London  
Local Medical Committee

London W.C.1

### Expedition to Asia

SIR,—The fifth Commonwealth expedition, Comex 5, will leave Britain on 15 August 1972, and will travel overland to Pakistan, India, Bangladesh, Malaysia, and Singapore.

Comex takes the form of men and women moving out into the Commonwealth in large numbers; large enough to make an impact on the countries visited. They do not build roads or dig wells, but meet on an equal basis by singing and dancing, by enjoying the experience of meeting on the simplest terms and learning that everyone and every country, no matter how poor, has a contribution to make. The expedition moves in specially modified coaches. The logistics of driving, eating, and camping are constantly modified in the light of a wealth of previous experience. The whole venture will be accomplished in approximately 12 weeks.

Comex 5 will require doctors. Ideally, there would be one fully trained medical man or woman on each coach. All participants on Comex have a job to perform, whether it is as a driver, navigator, engineer, radio-operator, or cook. Any doctor joining the expedition will be encouraged to fill one of these roles as well as acting as a medical adviser. Hazards to health are numerous, and a doctor will find himself dealing with a host of emergencies, both major and minor. Often the nearest hospital will be hundreds of miles away.

Anybody who is interested in, and challenged by, this adventure should contact the Comex Secretariat, 110 Old Brompton Road, London S.W.7.—I am, etc.,

C. O. HOLME

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Area	Borough	1971 Population	Hospitals
<i>Condominium of Inner London</i>			
1	Hackney Tower Hamlets City	219,240 164,650 4,340 <hr/> 388,230	*St. Bartholomews, London †Hackney, St. Andrews
2	Islington Camden	200,730 203,640 <hr/> 404,370	*University College, Royal Free †Whittington
3	Westminster	237,250	*Middlesex, St. Mary's, Westminster, St. George's (until 1980)
4	Kensington and Chelsea Hammersmith	186,570 184,750 <hr/> 371,320	*Charing Cross, Hammersmith †St. Stephens
5	Wandsworth Lambeth	300,530 304,410 <hr/> 604,940	*St. George's, Queen Mary's, Roehampton, St. Thomas's, Kings †St. James
6	Southwark Lewisham Greenwich	260,780 266,700 217,790 <hr/> 745,270	*Guy's †Lewisham, St. Alfege's, Brook
<i>Condominium of Middlesex</i>			
7	Barnet Enfield Haringey	305,770 266,230 238,200 <hr/> 810,200	†Barnet General, Edgware General, Chase Farm, North Middlesex
8	Harrow Brent Ealing Hillingdon Hounslow	205,000 280,260 300,580 236,020 206,650 <hr/> 1,228,510	†Northwick Park, Central Middlesex, King Edward Memorial, Hillingdon, Harefield, Mount Vernon, West Middlesex
<i>Condominium of North-east London</i>			
9	Redbridge Havering Barking	239,880 246,710 153,870 <hr/> 640,460	†King George, Harold Wood, Oldchurch, Rush Green, Barking
10	Waltham Forest Newham	233,960 236,490 <hr/> 470,450	†Whipps Cross
<i>Inner London or South-east London (Three possible Solutions)</i>			
11	Bexley Bromley	216,400 306,680 <hr/> 523,080	†Queen Mary's, Sidcup, Farnborough, Orpington
or			
11A	Greenwich Bexley	217,790 216,400 <hr/> 434,190	†St. Alfeges, Brook, Queen Mary's, Sidcup
or			
11B	Greenwich Bexley Bromley	217,790 216,400 306,680 <hr/> 740,870	†St. Alfeges, Brook, Queen Mary's, Sidcup, Farnborough, Orpington
<i>Condominium of South-west London</i>			
12	Merton Sutton Croydon	177,150 168,090 333,840 <hr/> 679,080	†St Helier, Mayday
13	Kingston Richmond	140,550 174,310 <hr/> 314,860	†Kingston

\* Teaching Hospitals † Non-teaching Hospitals