

ed our courses can hardly fail to have derived benefit from exposure to basic medical science disciplines and this in turn must be reflected in the quality of medical care they are able to give to their patients. This kind of academic reinforcement is particularly important for those home and overseas graduates who, through no fault of their own, have not had access as undergraduates to such extensive preclinical facilities.

We cannot believe that there are any academic grounds for our exclusion from the university and any suggestions about possible financial savings do not bear close examination either. In the strongest terms we urge the rejection of the report in its present form.

R M H MCMINN  
N CRAWFORD  
J L TURK  
G P LEWIS  
DAVID E M TAYLOR

Institute of Basic Medical Sciences,  
Royal College of Surgeons of England,  
London WC2A 3PN

<sup>1</sup> University of London. *London medical education—a new framework. Report of a Working Party on Medical and Dental Teaching Resources, chairman Lord Flowers.* London: University of London, 1980.

SIR,—Readers of this journal have a duty to ensure that subsequent medical students receive a training not inferior to that enjoyed by themselves and, in a nutshell, this means maintaining an effective pupil-teacher ratio.

You have recently highlighted the two most important misconceptions currently rampant in the educational field. The first is that proposed by the Flowers Working Party that "bigger is better," implying (but not showing) that it is more cost effective and more comprehensive (8 March, p 731). The second is that modern teaching methods can compensate for destroying the former pupil-teacher ratio.

Ten years ago a local grammar school had a sixth-form annual entry of 45 pupils, of whom an average of 30 gained entry to a university or college of further education. They made it "bigger" and more comprehensive; it is certainly not more cost effective, and eight years later from a sixth-form entry of over 150 only 8 got to university. Further evidence is that the entry to the University of London used to be about 70% from grammar schools, and nowadays the comprehensives can barely obtain 30%, even though the entry has enlarged. I am ashamed of how little I did to preserve the grammar schools, for if we cannot afford to do the job properly for everyone it is far better to choose and invest in a few.

My class at the Middlesex Hospital Medical School numbered 42, and the two greatest teachers I experienced were Samson Wright (preclinical) and Horace Joules (clinical medicine). "Sammy" found time to stimulate each student in the correct-size classrooms of those days, and both he and Horace ably instilled the concept of self-education, so correctly valued by Dr David C Evered and Hilary D Williams (1 March, p 626). That kind of inspired teaching is just not possible with the annual entries proposed by the Flowers Working Party. Those who were fortunate enough to be seconded to Central Middlesex Hospital to join Horace's firm were originally two (later four) on a ward with 50 acute medical beds. What superb teaching we had, and what a debt we owe to such "part-time" university teachers! The Westminster

Medical School, with two similar associated teaching hospitals, not only has the cheapest clinical teaching in London but during the past 10 years obtained an average of 88.5% first-time passes in the MB, BS finals, the best results in the University of London. In place of this are we to accept the academic vandalism of the Flowers Report, or even indeed the GMC minima of 200 acute medical beds for each intake of 100? Stop and think about that—it means that during the clinical years there are 300 medical students trying to learn acute medicine from only 200 beds. Were you in your training ever subjected to such minima? There is no way that even teachers like Horace Joules would have a fair chance with the size of firms and the limitations on the beds proposed by the bureaucrats of the Flowers Working Party and the London Planning Consortium. Medical schools are for producing doctors, not for conforming to demographic demagogues. While the beds of teaching hospitals are full of suitable patients they should remain.

It is also true that both Samson Wright and Horace Joules were never in their lives subjected to the "teaching methods mania" sponsored by outgrowths parasitic on University Grants Committee monies, such as the Institute of Education (£2.8m a year). Those great teachers were almost unaware of central administration (now £4m a year). There is plenty of room for cuts in the University of London, but not down at the pupil-teacher interface, where the pattern of teaching has been proved and established for nearly 150 years.

London's medical schools have got it right; Flowers and the consortium would get it wrong. J G Nicholls of Stanford, USA,<sup>1</sup> has clearly warned against any medical school going above an intake of 100 students. In medicine we must at all costs preserve an effective pupil-teacher ratio, and I call on all British doctors to stand up and be counted. Do not let Flowers, the consortium, or indeed any other committee devalue our heritage of the best medical schools in the world.

JOHN R HOBBS  
(who has enjoyed working in six  
different London University Hospitals)

Department of Chemical Pathology,  
Westminster Medical School,  
London SW1P 2AR

<sup>1</sup> Nicholls JG. *Lancet* 1980;i:429.

SIR,—The establishment of the British Postgraduate Medical Federation on the basis of the far-sighted Goodenough Report was in my opinion the most enlightened medical-academic development of the postwar period.

Those of us who were at one of its institutes at the beginning, in the late 1940s, can best appreciate the tremendous progress the individual institutes have made, often against heavy odds and some lingering prejudice.

The so-called smaller specialities have greatly benefited from the encouraging leadership of the federation. I cannot help feeling apprehensive that some of them might wither away should the federation be abolished and these institutes be simply "integrated": a retrograde step, as proposed in the Flowers report. Association, not integration, with other medical schools might have certain advantages; but, as Sir John McMichael pointed out (in an interview with *World Medicine* in 1968 about the Todd Report), "The achievements and

potential of the postgraduate institutes must be developed and not diluted."

It is essential, therefore, that the existence and identity of all the special postgraduate institutes be preserved even within a multiple association of medical schools.

I FRIEDMANN  
Emeritus professor of pathology, formerly at  
the Institute of Laryngology and Otology  
Stanmore, Middx HA7 3NR

SIR,—I was very disappointed in the leading article (8 March, p 665). I think that the position of postgraduate institutes could have had more mention, particularly those institutes which are going to cease to exist.

I am particularly concerned about the Institute of Dermatology, which undertakes very important research as well as playing a major part in the training of dermatologists in England and Wales. At least half the consultants in the country have spent part of their training at the Institute of Dermatology, and we train six senior registrars in the specialty. There are a number of unique special clinics at the institute and its associated hospital, St John's Hospital for Diseases of the Skin, to which patients are referred from all over the country as well as the Greater London area.

It is implicit in the Flowers Report that St John's Hospital for Diseases of the Skin will cease to exist and the 17 000 new patients who attend each year are to be catered for in general hospitals. Dermatological clinics in London are already hard pressed because of the number of patients they see, and I think it would be impossible to absorb this number without a serious effect on waiting times and the efficiency of the dermatological service. Mere administrative convenience is no excuse for destroying a centre which is acknowledged to be in the forefront of research and teaching of dermatology in this country, and which cannot be replaced by expanding the dermatology department of an undergraduate teaching hospital.

R H MEARA

Institute of Dermatology,  
St John's Hospital for Diseases of the Skin,  
London WC2H 7BJ

SIR,—It is believed in some quarters that "centres of excellence" tend to hog both the cash and the staff, if not the customers, at the expense of district hospitals. This may be true to a certain extent, but is capable of rectification by good will, common sense, and responsible planning—not by wholesale destruction. There is, however, another point of view, strangely enough held by many of those who work in the periphery.

During the last 25 years I have been fortunate enough to welcome a steady stream of house surgeons from various London teaching hospitals, as well as students during their elective period. They have been excellently taught and well grounded in every subject, with possibly anatomy as the sad exception. More important, they have each brought with them some of the enthusiasm and individual atmosphere of their own medical school. They have kept me up to the mark, and in their turn tell me that they have gained confidence in dealing with practical problems. The experience has been mutually beneficial, and has been repeated all over the country. I cannot see such a situation continuing, much less improving to include a greater number of registrars, if the mass-produced output of conglomerate establishments of impersonal