

Correspondence

Letters to the Editor should not exceed 500 words.

Hospital Boards

SIR,—The Minister of Health has recently said that he proposes to overhaul the administrative machinery of the Health Service, and hints have been dropped that area control may well emerge as the effective pattern. Devolution to areas (rather than to regions), each responsible to the Ministry, must surely be a welcome idea in the hospital world at least.

It is no secret that, arising out of the establishment of a teaching hospital at Nottingham—that is, in a regional board's sphere of influence—a strong move is being made in certain quarters to alter completely the composition of the boards of governors of the teaching hospitals of England and Wales and possibly to bring these hospitals under the regional boards, as in Scotland. A second, and separate, issue is to increase the influence of the universities upon the administration of the teaching hospitals within which the university teachers and researchers work. Attempts are being made to integrate these two issues, and it is very important that the medical and lay staffs of the teaching hospitals should consider their own attitudes to possible changes, and to be vocal about them if necessary. The Goodenough,¹ Guillebaud,² and Porritt³ Committees have all affirmed that the teaching hospitals of England and Wales should continue to be independent of the regional boards, and recent meetings of the Teaching Hospitals' Association and of the deans of the medical schools of the English universities have said the same thing.

Taking regional boards first, one must hark back to the Health Act of 1948. In Scotland (as mentioned) the teaching hospitals have always been under the regions, and they never have had direct access to the Department of Health for Scotland. There is an almost 50-50 division of opinion in Scotland about whether this has been a good or a bad thing. Certainly the Scottish teaching hospitals started as being the favourite children of the boards, but the interposition of a board between themselves and the Department of Health has proved irksome, frustrating, and productive of delay. In England and Wales the regional boards have gradually obtained more and more power than was overtly stated in the terms of the Act—by reason of their control of finance and the appointment of consultants—and have consistently ridden roughshod over the local hospital management committees in such matters as hospital planning. Meanwhile the regions have set up imposing headquarters buildings at the taxpayers' expense, all full of administrative persons busily fulfilling Parkinson's Law. In this set-up they have always been irked by and jealous of the board of governors, and the direct access which these enjoy to the Ministry of Health. It is small wonder that they have cast covetous eyes on the teaching hospitals and that

they now possibly welcome the universities as potential allies.

Hospital consultants and administrators should consider very seriously whether in their view it would not be in the best interests of the service—and therefore of the patients—if the regional boards ceased to exist as anything but advisory bodies, rather than that they should swallow the teaching hospital boards. I believe that the Guillebaud Committee rejected this idea, but this was at a time when a situation of global war (with its inevitable regionalization) was rather more thinkable than it is now, and I submit it is a possibility which should once more be considered seriously. I can see no reason at all, for example, why any of the areas at present working through the Oxford Regional Board should not be given an area board of governors having as direct dealings with the Ministry as does the board of governors of the teaching hospital. It is argued against this sort of arrangement that it would mean greatly increasing the staff at the Elephant and Castle. Since the work of the Ministry staff turns preponderantly upon finance, a top-heavy increase of staff at that level could be avoided by giving all boards of governors a block grant of money for their year and letting them spend it to best advantage; such an arrangement *might* even lead to a diminution of administrative staff centrally. The present Government apparently favours decentralization of many services. Here would be an opportunity for just that.

Now one comes to consider the existing composition of boards of governors of teaching hospitals. These are made up of persons of integrity who voluntarily give their time to what is often a difficult and largely unrecognized voluntary service. The Minister has the final voice in appointing the persons forming the boards, but the universities nominate one-fifth, the medical staffs one-fifth, the regional boards one-fifth, and the Minister personally appoints two-fifths after consultation with local interests. The universities feel that they are under-represented, and I think this is so. The consultant staffs feel that they, too, are under-represented, and I believe this also to be true. Neither university nor medical nominees, however, are necessarily good business men, and it would be vital to retain the help of lawyers, bankers, and men of affairs. My suggestion for a reconstitution of teaching hospital boards of governors would be university one-third, medical staff one-third, and other persons one-third. This last category would in fact be a fusion of the three-fifths at present forming those representing the regions and the direct nominees of the Minister. In other words the influence of those who know about teaching and patients would be increased and that of politics would be diminished. This would do nothing but good. If in such reconstitution it was thought that larger boards

were needed this would be acceptable and they could act through a smaller general purposes committee, as is the habit in the regions at present.

At a time when medical education is under scrutiny it is vital that the medical schools of the universities obtain better facilities than they enjoy at present, and one way of securing these is to have a bigger representation on hospital boards; but the part-time teachers who make up the consultant service on the one hand and do most of the teaching on the other must keep a watchful eye upon the possible outcome of a potential alliance between the universities and the regions, which is unexpected and could be dangerous.—I am, etc.,

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REFERENCES

- ¹ *Report of Inter-Departmental Committee on Medical Schools*, Ministry of Health, H.M.S.O., 1944.
- ² *Report of the Committee of Enquiry into the Cost of the National Health Service*, Cmd. 9663, H.M.S.O., 1956.
- ³ *A Review of the Medical Services in Great Britain*, Social Assay, London, 1962.

Varicose Ulcers and Use of Topical Corticosteroids

SIR,—The object of this letter is to draw attention to the harmful effects which may occur from the use of corticosteroid ointments and creams on stasis or varicose ulcers. We are seeing more and more patients in whom the application of these preparations to this type of ulcer has led to its rapid extension in diameter and depth, often with severe secondary infection from *Ps. pyocyaneus*.

In our opinion it is quite wrong to use corticosteroids on these leg ulcers, and antibiotic or bactericidal substances added to them are inadequate to control secondary infection. It is true, however, that topical corticosteroids are valuable in the treatment of stasis eczema, provided that it is possible to avoid contamination of the ulcerated area by careful application, detailed instruction, or demonstration. Also, as the starting points of these ulcers or recurrences may be scratches on such an area of eczema, the use of corticosteroids on residual eczema may be justified. However, in such cases, after abrasion occurs and becomes secondarily infected, the continued use of the application may favour extension. The newer and more powerful corticosteroids will have a greater effect in this connexion, and sprays containing corticosteroids are unlikely to be used without contaminating the ulcerated area.

In our opinion the use of topical corticosteroids on leg ulcers is never justified, whether in combination with other preparations or not. If they are used on associated eczema they must be applied with the greatest care and must not be allowed to contaminate any ulcerated area.—We are, etc.,

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