Community hospitals—what is their role?

SIR,—It was refreshing to find valid criticism of the concept of community hospitals from a specialist in community medicine (25 October, p 239). The concept seems a perfect example of armchair planning, with all the virtues of economy and administrative tidiness, but it ignores the realities of making such a hospital viable and ongoing.

We in Brentwood have an excellent general practitioner hospital staffed by the local general practitioners, all working in harmony with a complementary staff of consultants from the district general hospital five miles away. The hospital is comfortable and efficient and loved by the patients. Its bed occupancy is not quite as good as it should be, but this could be improved with a little more administrative support. Clinical activity in the hospital is such that it attracts good staff of all grades and a more than adequate supporting service in radiology, pathology, and physiotherapy.

All this would be lost if most of that clinical activity had to cease in conformity with a planners' community hospital. If you select a group of patients, all of whom may be an embarrassment to a district general hospital, and lump them together in a community hospital it does not require much intelligence or foresight to realise that under present conditions such a hospital could not be viable, because it could not be staffed to anyone's satisfaction. It is really astonishing that it should be necessary to spell this out to the Department of Health and Social Security.

C A HOULDER

Shenfield, Essex

Wanted, a motto

SIR,—In his Personal View (1 November, p 279), which I much enjoyed, Dr Alex Paton seeks a Latin motto for his club. There is a well-known quotation from Horace which goes as follows: "Aequum memento rebus in arduis servare mentem," which in modern idiom could be translated as "Keep your cool, man."

My days as a Latinist are long over, but I suggest some adaptation of this such as "Semper memento rebus in arduis aliquid servare."

This will do for a start, but someone whose Latin is less rusty can probably do better.

DAVID KYLE

Brecon, S Wales

Private practice and the NHS

SIR,—The report of the proceedings of Council on 22 October (1 November, p 303) was excellent and concise. However, I do think it is necessary to inform members at the periphery that the point was made that owing to the limited numbers of pay beds in many areas an alternative private system outside the NHS would not be viable. It is a matter of great concern in the periphery that if pay beds are completely phased out of the NHS there will be no choice of a private service for the individual.

You will remember that I raised this matter in Council on 24 September. As it

was not reported I raised it again on 22 October and was reassured by the Chairman of Council that this particular matter had been of concern in deliberations.

I hope this will reassure peripheral members.

MARY WHITE

Bromsgrove, Worcs

SIR,—Your leading article (25 October, p 185) states that "the long-term interests of the NHS will still best be served by a search for an honest compromise on this issue." I wholly reject this philosophy. No more ground can be surrendered on the issue.

There are many areas, and Cleveland is one of them, where there are no private beds outside the NHS hospitals and planning permission for nursing homes is far from being a formality. I will not be condemned to the role of unwilling, whole-time servant of the State for the rest of my career.

I would suggest the BMA enters into no negotiations until facilities for private practice can be guaranteed in all areas.

JOHN NEASHAM

Middlesbrough, Cleveland

Junior hospital staff contract

SIR,—Lest the angry young doctors (with whose just cause I am entirely in sympathy) have been too busy attending meetings and writing letters to read Lord Taylor's lecture "Poverty, wealth, and health, or getting the dosage right" (25 October, p 207) may I quote the following sentence?

"Once a certain level of poverty has been passed I know of no certain evidence that happiness varies either directly or inversely with wealth."

Despite their penurious lot I doubt that any houseman today will know the exciting experience of tossing a half-crown to decide whether to indulge oneself in a fish-and-chip supper or whether to go to a cinema. It is 21 years ago now—£240 a year less £60 for living in, with a 168-hour contract and no overtime; I was married, with one child.

I am not suggesting that I would want to go through it all again, but the salient memory is that we were all content and had great fun. Can it be that academic knowledge has advanced at the expense of personal philosophy?

ARCHIE BEATSON

Worthing

SIR,—The junior doctors' dispute with the Government is at an impasse. It is a matter for regret that the only way in which they could get an increase in pay was by agreeing to a concept of overtime. It is impossible to change that now and it is obvious that the junior doctors will not settle for anything less than a more equitable distribution of overtime pay which would mean more money, which the Government cannot give because it would upset the pay-freeze which has the support of Parliament and of the majority of people in the country.

More money must be found and I suggest, in addition to the £6 per week statutory limitation per junior doctor (which must

enter the negotiations somewhere) that consultants with distinction awards of the order A+, A, and B give up 10% of their salary as a temporary measure and on the guarantee that superannuation will still be reckoned on the salary before any reduction is made.

For obvious reasons I must remain anonymous.

AWARD HOLDER

Failure of communication

SIR,—It is a shame that our profession has once again been divided, one section alone fighting justly for the principle that "a labourer is worthy of his hire." Inevitably the unilateral action of one section of the profession causes inconvenience and extra work for the other. As a general practitioner I could apply sanctions that would affect all hospital staff, medical and otherwise. Likewise my work load is increased by the action of the junior hospital staff because we have to deal with the non-emergency work.

In the final analysis it is not the patient who really suffers but our colleagues. Therefore, in any justifiable complaint over terms of service in the NHS the whole profession should apply sanctions—in common parlance, "One out, all out," or should we call it the "all or none" law of nature? However, before committing ourselves to such action adequate information should be given to BMA divisional executive committees and their representatives to the Representative Body.

In the Gwent Division, despite repeated appeals to the hospital registrars, no representatives have attended the executive committee. Our rules have been specifically changed this year to make their representation a must—but with what result we do not know. Furthermore, it would have been courteous if the chosen representatives of the profession, such as myself, could have been invited to regional meetings. At a subsequent Special Representative Meeting I could then state the juniors' views and complaints on their behalf and not just sit in and listen to the pros and cons of debate and then put my hand up and leave the room.

E THEO GRIFFITHS

Risca, Gwent

Industrial action

SIR,—In the past year we have seen some hospital consultants "working to contract" and some hospital junior staff "taking industrial action," both resulting in some detriment, if not actual mortal harm, to patients. While one can conceive of some extreme circumstance in which doing short-term harm to one's patients may lead to their ultimate benefit, by no stretch of the imagination can the present dispute fall into that category. The junior doctors who are withholding their labour from all save what they are graciously pleased to call emergencies are indulging in what, if it were in a real industrial setting, would be called a wildcat strike; they have repudiated their negotiators and have struck without even waiting for the result of the ballot on the various options.

It is fashionable to blame all the ills of the Health Service upon Mrs Castle, the present