London's medicine

Sir,—Do I detect a note almost of satisfaction in Scrutator's comment (1 March, p 660) on the Flowers Report with its recommendation for the destruction of Westminster Hospital and 25% of the teaching departments? I fear that “rage already” says no word of appreciation that “Small is beautiful” in medicine as elsewhere; the best medicine is always practised where the individual counts. Surely we have seen enough of the disasters caused by over-large conglomerations; loss of the human touch, impersonal management, failure to recognise the essential differences of human beings resulting in industrial action and misery. Is it not time to consider in fashion: “I am weary of days and hours, Blow buds and barren flowers, Desires and dreams and powers…” (Swinburne).

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Sir,—I have been working in the National Health Service for the past 20 years and also have worked in more than one teaching institution in London, and I agree with the finding of the London Health Planning Consortium that London already has more hospital beds than the national average.

I fail to agree, however, with the remedy suggesting amalgamation of some of the teaching institutions. I feel that this is academically and socially possible but not medical students and doctors can regularly rotate with peripheral hospitals which will not only offer more experience but also alleviate the staff shortage problem in the peripheral hospitals. Moreover, the patients on the peripheral hospital waiting lists could be treated in the teaching institutions and thus a flow to create balance would exist, which would result in the viability of my suggestion.

After all, to boil an egg one inserts the egg into boiling water instead of placing it in cold water and bringing it to the boil.

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Sir,—I find it most disturbing that my first letter to the BMJ should be on the topic of the threatened disruption of my medical education. As it appears to a preclinical student, this is the effect of the concurrent publication of the reports of the Flowers Committee and the London Health Planning Consortium.

“Close Westminster Medical School?” is the cry. Will this save money? No. Our school is the most effective in London in terms of the cost per student. Will this mean that larger institutions will be able to produce higher academic standards? No. Our academic results are widely recognised as being of an excellence unsurpassed in medical education. Will this result in a more useful distribution of “acute” beds? No. Westminster Hospital is always more than 85% full.

“Several London colleges still do not have academic departments in such mainstream postwar subjects as paediatrics, community medicine and industrial medicine and psychology”—Westminster has all these departments included amongst its total of over 27. Similar arguments may be advanced with little effort in defence of most other schools mentioned in the reports.

The main thrust of these proposals, it seems, is that there has been a huge population shift away from the catchment areas of inner London; indisputable—but so what? All the London hospitals can supply a sufficient proportion of their patients from all over England and from abroad. Were we to refuse treatment to all patients not originating in our own catchment areas the resultant increase in the number of emergency beds would provide a logical and sound basis for the current plans; but such is not the case.

As long as London remains an internationally acclaimed centre of medical excellence we will have no shortage of patients unless one is manufactured. The production of anonymous conglomerates of buildings which were once schools with a distinct ethos and identity will certainly not prolong the life of our current reputation, or the morale of staff and students who have hitherto been proud to bracket “London” after their medical degree.

To propose the existence of a college with an annual clinical intake of over 300 cannot help but strike without trace the aspirations to high achievement at present encouraged among students in the close-knit, hard-working atmosphere of small schools such as the Westminster. These reports will be weeded out a hangover from the hospital service in London recoiling with teaching needs—a discussion document. London: London Health Planning Consortium, 1980.

Guinea-pigs, bats, and bulbs

Sir,—I read Minerva's page every week with unfailing enjoyment. In the issue of 1 March (p 652) she refers to a paper mentioning the inability of man, guinea-pigs, fruit-eating bats, and the red-vented “bull-bull” to synthesise vitamin C. I drew attention to this curious congregation at a meeting of, I think, the Nutrition Society some 20 years ago; but it was an Indian scientist publishing in an Indian journal who first published the bit about the bat and the bird.

The bird, of course, the bulbul, an insignificant brown creature with a rusty back that can be seen in the London Zoo—not the animal Minerva mentioned, which is presumably a conjoined bovine twin with a red bum.

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Correction

Quality vs quantity in babies

We regret that two misprints occurred in the letter by Dr Mark Reid et al (8 March, p 714). In paragraph (line 8) 2.5 g and 1 g should be read 2.5 kg and 1 kg respectively.