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Threat to Hospital Privileges

SIR,—The authors of the report on the emigration of British doctors (6 January, p. 45) correctly emphasize that access to hospitals is one of the prime attractions to general practice in the North American continent.

In this region in the South of England we, the general practitioners, have a long tradition of assuming inpatient responsibility. A new district hospital is to be opened in Frimley in 1972, and inevitably some of the smaller cottage hospitals will be closed.

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Comparative Hospital Costs

SIR,—I am against neither costing nor comparisons of hospitals, but the comments you make on the running costs of Bethlem Royal and Maudsley Hospitals in your leading article "New Hospital Costs" (6 January, p. 3) confirm my opinion that the comparative hospital costing statements issued annually by the Ministry of Health are some of the unhappiest returns of the day. How can they be otherwise when they contain figures which in some cases are ratios of averages of estimations?

The cost per new outpatient, for example, to which you draw particular attention, ranges in the teaching hospitals throughout

the country from just over £2 to just under £500, with the Maudsley at £78 on the lower slopes of the range. Are such figures meaningful? Or are they, as I think, likely to be dangerously misleading, serving only to swell the grain of truth in that worn-out old witticism "that there are lies, damned lies, and statistics"?

We believe that direct hospital access to enable us to care for certain of our patients is of great importance to our standards. This cogent report supports our contention.

We feel that the manner in which our local problem is resolved will have a considerable influence on the future pattern of medical practice throughout the country.—We are, etc.,

the country from just over £2 to just under £500, with the Maudsley at £78 on the lower slopes of the range. Are such figures meaningful? Or are they, as I think, likely to be dangerously misleading, serving only to swell the grain of truth in that worn-out old witticism "that there are lies, damned lies, and statistics"?

You, of course, in your leading article have chosen to compare Bethlem and Maudsley not with other teaching hospitals but with other non-teaching psychiatric hospitals. Naturally the teaching hospital in this comparison is more expensive. It has more staff because it has to teach as well as

treat. That after all is its *raison d'être*. And it is common knowledge that wages and salaries account for something like 65% of the total cost of running any hospital.

But, even allowing for this, do the figures necessarily show that the Maudsley standards are too high? Could not standards elsewhere be too low? Surely it all depends on what you get for your money. The Maudsley cost per new outpatient does not reveal the fact that we offer the only 24-hour outpatient emergency service in London, and that by dint of hard work and deliberate policy we have brought our waiting time for a consultant outpatient appointment (except in one or two special departments) down to what must be among the lowest in the country—between one and two weeks. The only other psychiatric hospitals connected with teaching hospitals which are listed in the outpatient section of the returns have costs higher than us, and in one case almost six times higher.

The same sort of points can be made about our inpatient expenditure. Our costs per inpatient week may be four times the psychiatric hospital average for all regional boards, but it is well down the scale for teaching hospitals. And this again in spite of the special and more costly departments we house, such as the neurosurgery, metabolic, children's, and adolescent units. It is interesting that the only other psychiatric hospital in London which forms part of a teaching group (and which incidentally does not as far as I know have these expensive departments) nevertheless has an inpatient-week cost within a few shillings of our own.

What then does this letter and your leader illustrate? No more, I think, than the point I made to begin with: that figures can be made to prove almost anything, and that statistics can be manipulated in many ways, particularly, in my opinion, those of such doubtful value as some contained in the hospital costing returns.—I am, etc.,

L. H. W. PAINE,
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The Maudsley Hospital.

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