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Future of Queen Charlotte's Hospital

SIR,—The threat of closure of their hospital has proved to be a shattering blow to all concerned with the work at Queen Charlotte's Hospital. Your leading article (13 March, p. 567) gave some of the reasons for there being more obstetric beds than are needed in the boroughs of Westminster, Kensington-Chelsea, and Hammersmith. But you did not draw attention to the complete lack of foresight and planning by the Department of Health that has led to a dilemma of which the solution now seems to be the sacrifice of one of the most famous and influential hospitals in the country.

In 1961 the (then) Ministry of Health requested the Board of Governors as a matter of urgency to consider re-building the Chelsea Hospital for Women on a site adjoining Queen Charlotte's. By 1964 the Ministry accepted the plans for 170 gynaecological beds, including £100,000 worth of improvements to Queen Charlotte's and new premises for outpatients, laboratories, and ancillary departments. By agreement with London University and the University Grants Committee a new postgraduate teaching Institute of Obstetrics and Gynaecology was also to be built. Over the next five years a project committee planned the detailed construction and equipment of all buildings. Costing was complete and we were ready to go out to tender by February 1969. So far the cost of the planning alone amounts to more than £250,000. If all these plans are to be scrapped much avoidable effort and expense will be wasted through lack of planning.

In February 1967 the hospital wrote to the South-west Metropolitan Regional Hospital Board expressing anxiety over the lessening birth rate and Department plans for providing additional obstetric beds in the neighbourhood. It was not until the summer of 1970, however, that rumours began to circu-

late that the Department of Health might have other intentions for the future of Queen Charlotte's. And although the Secretary of State has promised that there will be "consultation" before any decision is reached no official statement has as yet been made to the Board of Governors by the Department, nor has any such "consultation" been held.

Early in 1970 the Department of Health informed the University that there were too many obstetric beds in West London. In March 1970 the University decided that 412 obstetric beds were needed for undergraduate and postgraduate teaching, which meant that the number at Queen Charlotte's would have to be reduced from 140 to 90. On 9 September 1970 at a joint meeting with representatives of the University Grants Committee and of the University the Department stated its view "reached after the most thorough consideration, that the forecast population of the area would not warrant the provision of more than 350 maternity beds to meet the service needs in 1981." Since the University requirements for undergraduate teaching are 142 beds for the St. Mary's-Middlesex Medical School and 90 beds for the new Charing Cross Medical School at Fulham only 118 beds were left over for postgraduate teaching. The University therefore decided to allocate 100 of these beds to Hammersmith Hospital and to move the Institute of Obstetrics and Gynaecology from Queen Charlotte's to Hammersmith. In its memorandum outlining these proposals to the U.G.C. in December 1970 the University stated "to maintain the present level of postgraduate teaching a further 125 maternity and 100 gynaecological beds would be needed outside the three boroughs." Assuming that teaching would cease at Queen Charlotte's and the Chelsea Hospital for Women the West Middlesex was favoured as the site for these extra beds.

It is therefore most misleading of the Department to argue that Queen Charlotte's should close because the University has decided to move the Institute to Hammersmith; the University's decision was made because it became apparent that if the Department's proposals were adopted there would be no beds for postgraduate teaching at Queen Charlotte's. Though the Todd report¹ recommended that postgraduate institutes should be linked to and ultimately become part of the combined undergraduate medical schools there are many who disagree profoundly that the proposal should apply to every institute. In the case of the Institute of Obstetrics and Gynaecology the members of the Todd committee were in favour of continuing the present association between Queen Charlotte's and Hammersmith Hospitals.

Enough has been said elsewhere about the excellence of the work at Queen Charlotte's. It is not generally realized that the hospital is situated at the extreme margin of the area of London under consideration, and that more than 60% of the patients come from outside of and to the west of the three boroughs. It seems quite extraordinary to plan a great hospital out of existence (without even informing the chairman of the Board of Governors) when the needs for postgraduate teaching are precisely those provided by Queen Charlotte's and the Chelsea Hospital for Women. Nor is it the answer to hand over Queen Charlotte's to Charing Cross Hospital for undergraduate teaching, for in the words of Lord Brock in the House of Lords on 15 March 1971² "the body might be there, but the soul would have gone."—I am, etc.

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¹ Royal Commission on Medical Education, 1965-8, Report, Cmnd. 3569. London, H.M.S.O., 1968.
² Hansard, House of Lords, 15 March 1971, col. 291.