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*Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters should be signed personally by all their authors.*

## The London hospitals scene

SIR,—I was extremely interested in Sir Francis Avery Jones's article on differential hospital distribution (30 October, p 1046). I had the good fortune of being on the Central Health Services Council, the board of governors of a teaching hospital, and the NW Metropolitan Regional Hospital Board from 1948 onwards. I was chairman of the Establishment Committee of the regional board for many years. These bodies gave me an insight into the way in which the "carve-up" of the hospitals services was being effected. The teaching hospitals with their influential consultants and perhaps more influential boards of governors asserted a right of dominance. Those who attended the regional board came mainly to enhance the interest of the teaching hospitals at the centre of the board. Meanwhile, Avery, if I may presume to address him thus, having come to the Central Middlesex Hospital in 1940, was very busy building up a world-wide reputation as a gastroenterologist and, of course, had little time for the intricacies of major administration.

I have been in East Anglia for nine years now, not in practice at any time here, but I had the good fortune to be able to wander in the country towns and villages to see their beautiful churches and to visit local public bars here. It is in the latter that very much social medicine can be learnt. I have learnt

much of the social deprivation which exists in these counties which is not entered in any social services records. Meanwhile the teaching hospitals of London have grasped as much power and money as possible for building the huge specialist and other departments of a new hospital such as Charing Cross, which has cost £30m, and I know that London hospitals have at times been unable to fill their beds. Sometimes I wonder whether Charing Cross and St Thomas's are vying with each other to become known as the Taj Mahal of the teaching hospital scene. I learnt with amazement recently that Central Middlesex was about to close 100 acute beds for the winter in order to add more amenities with which we had been able to dispense over the last 40 years that I have known it. Perhaps we could be told whether this ability to close beds results from good administration or a diminution of demand for hospital services.

I have learnt much from being a patient intermittently over the past few years. I had a major operation in a ward of 24 beds in Colchester some three years ago. The hospital situation is almost desperate here and my ward was more hard-pressed than any ward I had ever known in 50 years of hospital life. Cross-infection was rife. I was one of its victims and when I heard that gas gangrene had appeared in an adjacent ward I asked to be allowed to go home as there were two trained

nurses near to deal with my suppurating wounds. The demands on the junior medical staff and the insufficiency of the nursing staff were undoubtedly responsible for this cross-infection. I discussed the matter with the surgeon and he agreed that the ward should be closed but stated that in the circumstances of the hospital situation between here and the coast this was impossible.

East Anglia is one of the most rapidly growing areas of the country and Colchester is no exception. For 25 years the medical staff and others have been pressing for a new hospital and to date nothing has been done. Meanwhile in the region the same pattern of maldevelopment of hospitals has gone on. The new Addenbrooke's Hospital in Cambridge has been completed at a cost of £25m and a cost per occupied bed per day of £37.19. This mausoleum of medicine of the '50s is of no benefit to the Colchester area whatsoever except for an occasional renal transplant or a rare liver exchange.

I hope that Avery can come down to verify this situation, and we are certainly asking Mr David Ennals to take a more active interest in what amounts almost to a public scandal. Meanwhile, if the London teaching hospital chickens are coming home to roost I cannot be very sorry as I fought in every major committee for devolution of hospitals and other medical resources to the periphery. The voice cried in vain in the wilderness and I must resist wholeheartedly any attempt to divert any money from the East Anglia area, for the need is extremely great. But of course it has not the publicity value of metropolitan pressure groups.

I would conclude by saying that London