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# BRITISH MEDICAL JOURNAL

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*We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.*

*Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.*

## London's medicine

SIR,—I write to support Professor Harold Ellis's deprecation of the Flowers Report (8 March, p 691). The first request made of the working party was that it should recommend what redeployment of resources should be adopted to maintain the present standards of medical and dental education and research. If present standards are acceptable then the system should not be changed for dubious economic reasons alone. The proportion of the University Grants Committee's grant to London University used for medical education has risen, as you say in your leading article (8 March, p 665), and this is presumably because the number of London medical students has risen.

The report recommends the closure of King's College, London, as a preclinical school. Incongruously its failings are reproduced by the decision to separate preclinical students from their hospitals elsewhere. As a student and subsequently as an anatomy lecturer at King's College, I learnt what neither the Todd nor the Flowers committee appreciated—namely, that placing different faculties together does not make them inter-communicate.

Professor Ellis demonstrates how little logic supports the recommendations. The working party must produce lucid arguments backed by evidence that standards will be maintained, that money is really saved, and that those on whom the scheme will be imposed can be convinced to make it work. This last point was put to Lord Flowers in a television interview. Instead of offering arguments he resorted to

the political ploy of impugning or disparaging the motives of opponents. He contemptuously dismissed the local allegiance within London's teaching hospitals as "tribal loyalty." He should realise that it was the destruction of this ingredient that was so damaging when the NHS was reorganised, when industries were nationalised, and when different schools were forcibly agglomerated into comprehensives. We seem hell-bent on destroying our best institutions. Are there not plenty of expensive, inefficient, bureaucratic monstrosities that we could destroy instead?

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<sup>1</sup> University of London. *London medical education—a new framework. Report of a Working Party on Medical and Dental Teaching Resources, chairman Lord Flowers.* London: University of London, 1980.

SIR,—The Flowers Report<sup>1</sup> has drawn attention to what the working party considered to be a deficiency in the postgraduate institutes—namely, a weakness in the basic medical sciences. But it is suggested that the Institute of Basic Medical Sciences, the one institute that above all others specialises in these very subjects, should no longer be part of the university. The working party seems to have been acting in complete ignorance of what this institute does, despite the written submission made to it. They did not visit us, and we feel the strongest resentment at being condemned without a hearing.

The institute has an international reputation

for both teaching and research, both of which are generally acknowledged to be essential and complementary university activities, and which we undertake in full measure. It is a popular misconception—even among London medical people, who ought to know better and have taken the trouble to find out the facts—that this institute exists merely to run cram courses for the primary examinations of royal colleges. Recognising that in postgraduate medicine there can be no clearcut distinction between the academic and the professional aspects of the subject, this institute provides *full-time, comprehensive* courses in basic medical sciences that are most certainly suitable for candidates pursuing higher diplomas; the courses are equally certainly not part-time attempts at drilling selected questions just for the purpose of passing examinations.

Such courses are but one part of the institute's activities. We have an excellent record of achievement in university higher degrees, and our standing in the research fields of inflammation, thrombosis, immunology, cancer, and other areas is reflected in the extensive support received from the research councils, industry, and other grant-giving bodies, amounting last year to over £239 000 or approximately a quarter of our total income.

It is equally important to recognise the role that this institute plays in the NHS. Most of our postgraduate course students have been in clinical hospital posts before coming here, but virtually all of them will be working in NHS hospitals after they have left. Quite apart from examination successes, those who have attend-