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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 should be typed with double spacing between lines and must be signed personally by all their authors, who should include their degrees. 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 al¹* 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.

Death by a thousand cuts

SIR.—Your leading article (3 July, p 1) on the problems which face the National Health Service because of chronic underfunding is timely, and evidence of specific difficulties is emerging. The Evelina Children's Department at Guy's Hospital is responsible for providing a supraregional service for treatment of children in chronic renal failure, and for genetics and prenatal diagnosis, and a regional paediatric nephrology, neurology, cardiology, and handicapped children's service. It also has a regional role for the treatment of severely burnt children. Considerable care has been taken by the paediatricians in the adjacent teaching hospitals to ensure that specialist services for children are not duplicated.

According to available criteria, the department is efficient with a bed occupancy of over 80% throughout the year, which means that frequently during the week extra beds are required, a rapid turnover, and a short length of stay. There has been a marked improvement in all these parameters over the last few years. Since January 1981, 34 children, mainly infants who were mortally sick, have been refused admission mainly because of shortage

of nursing staff. The prereferral diagnoses included burns, congenital heart disease, infection, bronchiolitis, meningitis, fetal distress, respiratory distress syndrome, encephalitis, poisoning, and other diseases. Most of the children would have required intensive care, including ventilation, dialysis, intravenous feeding, cerebral pressure monitoring, etc, and therefore needed to be "specialised."

Our funded nursing establishment is insufficient for our bed complement, and because of identified deficiencies in paediatric nurse training¹ there is often a failure both here and elsewhere to recruit to establishment. There is an identified deficiency in cots for neonatal intensive care nationally, and in our region, and facilities for intensive care of older children are inadequate in London and the four Thames regions. In an attempt to provide the necessary care for these very sick children we have been forced to employ extra staff from nursing agencies, resulting in an overspending of £12 000 a month on our inadequate nursing budget. This has resulted in a decision to reduce services to contain the overspending and we are now to close one paediatric ward (25% of our general

paediatric beds), one intensive care cubicle, and restrict admissions of neonates from outside our district who require intensive care, or of mothers from outside our district in premature labour. It is difficult to know who will care for these children because they come from all over the South-east Thames Region and from further afield, so presumably would be treated nearer home if the facilities were available.

Expenditure on the NHS as a percentage of total public spending has increased by less than 1% since 1950, whereas spending on education has increased by nearly 5%, and on social security by 7%, and as a result is now lower than in most if not all countries in Europe when expressed as a percentage of gross national product.² The impact of RAWP recommendations on funding to our region is exacerbated by the mini-RAWP allocating resources within the region with a tendency to reduce funding to teaching hospitals in inner London. There is no agreement between the regional health authority and district health authority over what proportion of the district allocation is for regional services, and even