Status of the Representative Body

SIR,—The future status of the Representative Body will not be helped by Dr. R. P. Hendry's letter (30 March, p. 842).

If I regarded the Representative Body of the Association as an "unmitigated nuisance" (to quote Dr. Hendry) I would hardly have remained a member of it for over 20 years or sought and still more *obtained* election from it to the Council of the Association for seven years before becoming an ex-officio member of Council as Chairman of the Central Committee for Hospital Medical Services.

Part quotation can be misleading. Dr. Hendry refers to a comparison I made with the House of Lords, but chooses not to quote my essential opening remark: "The Representative Body . . . fulfilled a need in that it gave members of the Association a chance to consider action taken over the whole field of medicine and to put their own special points of view." This is hardly the view of one who, as Dr. Hendry suggests, regards the Representative Body as an "unmitigated nuisance." Important debates in the Representative Body are, however, frequently held up or unnecessarily prolonged, so that worth-while consideration of major problems is not achieved by certain members who intervene on points of detail, and these interventions are certainly in my view an "unmitigated nuisance," especially when, as not infrequently happens, the speaker has not really verified his supposed facts before speaking.

I entirely support Dr. J. G. M. Hamilton (13 April, p. 121) in his contention that it is time we reappraised the "status *and responsibility*" of the Representative Body and its decisions.

If the Representative Body lacks the status that the Association would wish it to have it is not so much a fault of the constitution but because too many talk too long too superficially, and in this connexion Dr. Hendry has not, in my experience, been notably helpful.—I am, etc.,

Southampton. H. H. LANGSTON.

SIR,—Sometimes, as a representative at the Annual Representative Meeting, I have felt myself very much in sympathy with the sentiments expressed by Dr. J. G. M. Hamilton and Professor F. E. Stock (*Supplement*, 2 March, pp. 52 and 53), quoted in the letter from Dr. R. P. Hendry (30 March, p. 842)—namely, that the A.R.M. does positive harm to the Association. Much time is wasted in discussing trivialities, and the public image of the profession can be damaged by decisions taken in the heat of the moment after an emotional speech from a practised medical demagogue.

Nevertheless, I feel we must heed the warning sounded by Dr. Hendry, and beware of the trend in the new constitutional proposals which will reduce the powers of the Representative Body and concentrate it in the hands of the Council of 50, which, though elected by the Representative Body in the main, will be less representative than at present, as there will no longer be any members democratically elected by the membership as a whole at the periphery. Such a Council, in my view, would tend to consist of the "professionals" among us. and would lose many respected members who carry the confidence of their colleagues, who may never come to meetings, but at least have a chance to vote for their members if there is a postal ballot as at present. This proposal was thrown out by the Representative Body at Exeter, and I hope that the new Representative Body at Eastbourne will do so again. Further proposals to concentrate power in the hands of Council are made in the suggestion that all standing committees, except the two autonomous committees and the Agenda Committee, should be wholly or to a large extent appointed by Council (2 March, *Supplement*, p. 54). This again would take away the power of election of their own committee, enjoyed, for instance, by chest physicians.

It may well be necessary for reasons of economy to reduce both the size of Council and of the Representative Body, but let it be done in such a way that both bodies remain truly representative of all branches of the profession, and of all geographical areas. I should hate to see the Representative Body reduced to a mere talking-shop without any say in policy-making, but unless members remain alert, like Dr. Hendry, this will come next.—I am, etc.,

Liverpool 18. WILLIAM D. GRAY.

Australia Next?

SIR,—I would be grateful for the opportunity to reply to some of the letters under the heading "Australia Next?" and also to the incredibly naive "Personal View" of Dr. F. H. Staines (23 March, p. 763).

Why should it be so commonly assumed, especially in this age of increasing complexity and specialization in medicine, that it is necessarily in the patient's best interests that his general practitioner should be expected to exercise multispecialist functions? For instance, will the general practitioner who attempts a cholecystectomy two or three times a year be as likely to do as good a job as the specialist surgeon who does 50 to 100 such operations annually? It is noteworthy that the facet of "real medicine" which is most commonly practised by Australian general practitioners is general surgery, paid as it is so spectacularly in comparison to the chore of diagnosis, treatment, and advice in the consulting-room and home, almost by definition not "real medicine." Dr. F. Gray (24 February, p. 517) expressed the situation perfectly. I would welcome a comparative detailed factual survey of general practice in Britain and Australia as suggested by Dr. A. I. Lane (30 March, p. 844). It should at the very least show up the extravagant claims of low visit–consultation ratios, lack of neurotic illness and trivial complaints, and happy, satisfied, fee-paying Australian patients for the nonsense that they are. I would refer Dr. Staines to the outcry in the Australian press in early 1967, when an attempt was made to raise fees by 10%.

Several contributors have made the point that my facilities under the N.H.S. are not typical of general practice as a whole. However, similar opportunities for young doctors coming into general practice in Britain are increasingly available, and the chance to treat patients in a genuinely comprehensive health service, unrestricted by financial considerations on the patient's behalf, is a very real opportunity not available elsewhere in the English-speaking world.

We should all support unequivocally the right of the general practitioner to be aided by the attachment of the excellent local authority staff, to have open access to *x*-ray and pathology facilities, and to play his rightful part in the hospital service both as a clinical assistant and in charge of his own beds where desired. The case can be helped considerably if it can be shown that the facilities already available are used to the full, a situation which, unfortunately, does not always exist. Is it not time to abandon the negative, constantly carping attitude towards the N.H.S. emanating from certain quarters, accept the fact that it is here to stay, and bend our energies towards ensuring that future development takes place along lines that benefit both the patients and ourselves? I refuse to believe that the two objectives are mutually incompatible.—I am, etc.,

Crawley, Sussex. ERIC C. GAMBRILL.

N.H.S. Pensions

SIR,—Dr. J. Kennedy Harper's letter (30 March, p. 843) about the pension that he will receive after 24 years of work for the N.H.S. will meet with a widespread response among his colleagues. I am continually surprised at our lack of interest in the future which awaits all of us. Even after 40 years of service the pension is not generous and the percentage allowed will not bear comparison with that given to employees of the banks or the National Coal Board, to mention only two.

To illustrate whether or not this represents a sufficiently serious position to warrant the attention of our representatives, I suggest that everyone of us looks up his annual income for 1958, halves it and decides whether he and his wife would like to be living on that sum during the present year. Although my own retirement is about 20 years away, I think that Dr. Kennedy Harper has mentioned a subject which requires greater attention from all of us.—I am, etc.,

J. SPENCER JONES.
Department of Chest Diseases,
Isle of Thanet Hospital Management Committee,
Ramsgate, Kent.

SIR,—Recently there has been correspondence in the press about granting retirement pensions to many octogenarians who are not entitled to the retirement pension through no fault of their own.

In the medical press nothing has been said about the fate of many elderly general practitioners who only receive small National Health Service superannuation owing to the comparatively short time that they were able to serve in the National Health Service since its onset in 1948. Most of these men and women are existing on totally inadequate superannuation plus their normal retirement pensions (old age pensions).

In my own case after 18 years in the Service my annual superannuation amounts to only £591 14s. 11d. I am sure that many