B.M.A. Membership

SIR,—Among the letters and articles critical of the B.M.A., of which there has been a minor spate lately, several have made reference direct or implied to the Association's "failing membership."

The large majority of doctors who make up the Association readily accept fair criticism. Indeed, many of us also accept that part of the *raison dêtre* of the Association is to act as whipping-boy for the blows of those who seemingly rely on this activity to bolster up their own cause.

Nevertheless, in fairness to our loyal membership, alleged to be failing, may I present the facts. B.M.A. membership is worldwide, and about a quarter of it is overseas. Overseas membership is subject to major fluctuations when Commonwealth Branches of the B.M.A. are wound up and replaced by independent associations. Such a change occurred last year in the cases of New Zealand, Nigeria, and Sierra Leone, and overseas membership diminished as a result by more than 3,000. In passing, may I say that the B.M.A. welcomes these changes, and in all cases welcomes mutual affiliation with the associations concerned.

It follows that it is the British membership which is the significant factor. In 1967, as the final consequence of a major subscription increase in 1966, British membership fell by 0.15% or 75 members out of 49,000. Since 1 January this year there has been a steady increase in membership, reflected in all branches of the profession. Today, in mid-April, the net increase over the total 12 months ago is 769, or 1.5%. Should this trend continue, and past experience shows that this is likely, then by the end of the year the British increase will have substantially, if not fully, offset the loss of overseas members last year.

The Council of the Association is very appreciative of this growing support for the Association, which in round figures represents 7 out of every 10 practising doctors, and, happily, still 6 out of 10 of those who are retired.—I am, etc.,

RONALD GIBSON,
Chairman of Council,
British Medical Association.

London W.C.1.

Size of B.M.A. Committees

SIR,—Reading your reports of the central discussions on proposed constitutional changes (6 April, *Supplement*, p. 4) leaves an uncomfortable impression that the Council may be falling into the same sort of error as that other governmental body a few miles south of Tavistock Square, of presenting as measures of choice what in fact are hastily prepared measures dictated by necessity. If, for economy's sake, you part with your Rover and take to a Mini you don't have to convince yourself that the Mini is really the better car for your purposes. Yet something very like this is what a majority of the Council is asking us to accept. In effect we are asked to believe that our predecessors were both extravagant and stupid, and that the committees they established over the years were at once oversized and inefficient. We are even invited to agree that these committees were twice ("approximately") as large as they should have been. Is this really likely?

From 40 years' experience of observing committees at work—mostly from the observation post of the secretarial chair—I would say that there is no discernible correlation between the size of a committee and its efficiency in operation. Two committees of equal size can be very different in their speed and efficiency of working. Other things being equal, of course, the smaller committee is likely to reach its conclusions more rapidly than the larger. It does not, however, follow that its conclusions will necessarily be wiser. Indeed, the chances are probably the other way round. But the real point surely is that there is an optimum size for any council or committee, and that this must vary very widely according to the nature and purpose of each. Certainly it is sensible at any time, and especially under economic stress, that an association such as ours should take steps to see that its committees are as near as may be to the optimum size. Unselective chopping will not achieve this. A gardener who prunes his fruit trees by hacking out half their branches is not likely to get good results. If we are compelled by economic necessity to prune below the optimum at least let us recognize what we are doing.

It is not clear from the reports whether other ways of achieving the desired economies have been fully explored. There are two features which distinguish an efficient organization. These are that what it does it does efficiently and economically, and that it does not dissipate resources on doing (however efficiently) things which, though in themselves desirable, are not necessary for the achievement of its objects. It seems to me at least possible that we are in our present difficulties not so much because we have neglected the first point as because we have paid too little attention to the second. Dr. J. G. M. Hamilton's contention (13 April, p. 121), which I think is justified, that the Representative Body has "generated work and expense" seems to lend support to this view. This, however, is not an argument for dispensing with the Representative Body. Rather it is an argument for the Association as a whole, guided by Council, to adopt a much more clearly defined policy on the use of its resources based on a realistic assessment of cost–benefit. In broad terms, I believe this should be to concentrate, meantime at any rate, on those things which the Association is specially suited to do, things which no other body or group can do so effectively. Among these the most obvious are in the medico-political field. Whether we like it or not, the National Health Service is for most of the profession the central fact of medical life in this country. What happens to the Health Service is therefore of the utmost importance, directly or indirectly, to all British doctors now and in the future. That there are going to be changes in the next few years is certain. What form they take, and the extent to which they will be influenced, as they ought to be, by the consensus of medical opinion, will depend more than anything else on the action of the B.M.A. at this time.

In view of this it seems a pity that the Council did not see fit to include in its Annual Report the interim report of the Advisory Planning Panel on the History and Financial Aspects of the Health Service, and that the Scottish Council has been refused the £300 needed to print and circulate to members in Scotland, for discussion, the account of the work of its National Health Service Review Committee over a period of 15 years.—I am, etc.,

EDWARD WALKER.

Gorebridge,
Midlothian.

Visiting in General Practice

SIR,—As a general practitioner recently retired after over 30 years in a busy three-man practice in a large industrial city in the Midlands, I was appalled on reading the article "Visiting — Falling Work-load in General Practice" by Dr. G. N. Marsh (9 March, p. 633). How commercialized can medical practice become! May I take some of his points in favour of cutting down home visiting to a minimum?

He started in 1960 to visit at the same rate as his predecessor, a highly esteemed senior partner, to establish himself as a doctor "as keenly interested in the welfare of the patients" as he had been, but goes on to infer that the older doctors in the days of private practice over-visited purely for financial gain.

Nothing could be further from the truth. In those days, and I hope in the majority of cases today, they were dedicated to medicine as a calling, and put the welfare of their patients first, treating them as individuals, and not simply as clinical cases of one disease or another. Their financial reward was a secondary consideration. The chronic elderly patients visited once a month looked forward to the doctor's visit, and it was a great satisfaction to see how much they appreciated it. Now he would have them all struggle along to the surgery, to save 10 to 15 minutes of his time, and only visit them in an exacerbation, because then they are far more interesting.

He says only one visit is necessary in an illness unless the patient reports that the "expected improvement" has not taken place. Does he leave the mother of a child with, say, bronchopneumonia to know whether the expected improvement is taking place? Perhaps, of course, he sends all his pneumonias to hospital. He recommends patients to look on the visiting doctor as a person rarely needed in the normal course of events. But in conclusion says "there is no doubt seeing a patient in his own home often provides vital and valuable information about him and his illnesses." What a contradiction! —I am, etc.,

J. COOPER.

Aberdeen.

SIR,—Reading Dr. G. N. Marsh's interesting article on domiciliary visiting in general practice (9 March, p. 633) prompts me to record my total visiting figures over the 12 years 1956–67 (48-week working year) to illustrate how the work-load varies from practice to practice and from year to year.