

Table 1.

Year	Number of patients	Number of visits	Visit per address	Visit per patient	Number of night visits	Rate per 1,000 patients
1969	3,300	3,974	1.20		70	21.21
1970	3,240	3,422	1.06		45	13.89
1971	3,210	3,061	0.95		35	10.90
1972	3,170	3,378	1.06		53	16.72
1973	3,145	3,277	1.04		59	18.76
1974	3,120	3,088	0.99		76	24.36
1975	3,095	3,325	1.07		75	24.23
1976	3,055	3,177	1.04		70	22.91
1977	3,030	3,319	1.09		92	30.36
1978	3,010	3,344	1.11		81	26.91
Average for 10 years	3,137	3,336	1.06	1.28	65.6	20.91

The figures for 1977 have been marginally corrected since first published (MacRae, 1978)

Table 2.

Year	Number of patients	Surgery appointments	Appointment per patient on list	Appointment per patient corrected from sample
1972	3,170	10,698	3.37	3.86
1977	3,030	10,224	3.37	3.86
1978	3,010	11,210	3.72	4.26

*A sample during two weeks in 1977 and 1978 showed that a second patient was seen or treated at every seventh surgery consultation.

practice—changing patterns. *Journal of the Royal College of General Practitioners*, 22, 521-528.
 Gray, D. J. Pereira (1978). Feeling at home. James Mackenzie Lecture 1977. *Journal of the Royal College of General Practitioners*, 28, 6-17.
 MacRae, I. A. (1978). Decline of visiting. *British Medical Journal*, 1, 180.
 Marsh, G. N. (1968). Visiting—falling workload in general practice. *British Medical Journal*, 1, 633-635.

WHAT KIND OF COLLEGE?

Sir,
 Of 1,100 doctors recently invited to an evening meeting in Oxford to discuss the future of the Thames Valley Faculty of the College, only about 50 attended. Of those who did turn up it was the view of at least one founder member that before thinking too much about its future the College should think a bit more about

the present and the past. It should ask itself why after 25 years fewer than one third of the doctors eligible to become members or associates are in fact members or associates, why of those who are members or associates only very few take any interest in the activities of the College, and why more than 95 per cent of the doctors invited to such an important meeting did not attend.

The answers to these questions seem to me to be straightforward. The average general practitioner is busy all day earning his living. In the evenings and at weekends he likes to be at home. If he leaves his practice during the day he leaves extra work for his partners; if he leaves his home in the evenings and at weekends he leaves his family and his hobbies. Most doctors are not prepared to do either of these things and so just do not go to meetings.

But, you may say, a few doctors *do*

give up their evenings, do find ways to take days off from work, do elect to have a small list and a small income. Just so—and how odd that they do, thinks the silent, non-attending majority. Does this oddness, it goes on to muse, perhaps account for some of the oddnesses of the College itself—that vast and expensive building, those bizarre fund-raising activities, the endless stream of blue-covered journals and reports, so long on vogue words and so short on interest, the truly awful approach to something called ‘education’, the very notion that one doctor should set out, like a ring master his sea lions, to train another? Yes, odder and odder the more you think about it, reflect the stay-at-homes.

What then should the College do? It should reform its ostentatious ways and concentrate all its efforts on making it possible for a doctor to reduce his list size without diminishing his income, for until general practitioners have less work and more time the College will have as active members only those odd fellows who prefer role play to home life and those few others who feel for some reason a need to polish up the image they have of themselves as general practitioners.

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ANGLO-AUSTRALIAN EXCHANGE

Sir,
 How I envy the astonishing amount of spare time that Drs Rhodes and Marsh seemed to have at their disposal in Chagford (*May Journal*, p.302)! Assuming that they work a five-day week, they are seeing 13 patients in their surgery and visiting just over three patients a day—a truly enviable state of affairs. One wonders what the Australian doctors made of it, particularly as their own consultation rate of 140 patients per week could hardly be described as sweated labour!

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