TABLE I—*Mean Concentrations of Total Protein and Amino-Acids in Aspirates of Peritoneal Fluids*

Kind of Dialysate	Immediate Specimens		30-Minute Specimens	
	Proteins (mg/100 ml)	Amino Acids (μM/ml)	Proteins (mg/100 ml)	Amino Acids (μM/ml)
Acetate	8·9	0·16	32·3*	0·57*
Lactate	9·3†	0·14†	23·3*†	0·55*†

*Significantly higher than respective immediate specimens ($P < 0.01$).
†Not significantly different from acetate solution.

TABLE II—*Mean Numbers of Viable Bacteria per ml of Dialysate after Inoculation with Viable Organisms*

Organism Added	After 18-Hour Incubation					
	Control Dialysate		Immediate Specimen		30-Min Specimen	
	Acetate	Lactate	Acetate	Lactate	Acetate	Lactate
Staphylococcus aureus						
$6·1 \times 10^5$	$5·3 \times 10^{3}$*	$3·0 \times 10^6$	$1·5 \times 10^{8}$†	$1·9 \times 10^{8}$†	$2·3 \times 10^{8}$†‡	$1·7 \times 10^{8}$†
Escherichia coli						
$1·5 \times 10^6$	$2·7 \times 10^{4}$*	$3·4 \times 10^6$	$1·1 \times 10^{8}$†	$3·8 \times 10^{8}$†	$1·3 \times 10^{8}$†‡	$6·3 \times 10^{8}$
Pseudomonas species						
$1·4 \times 10^6$	$5·5 \times 10^5$	$1·0 \times 10^7$	$2·2 \times 10^{9}$†	$6·9 \times 10^{8}$†	$7·5 \times 10^{8}$†‡	$8·0 \times 10^{8}$†‡

*Significant decrease from original inoculum ($P < 0.01$).
†Significant increase over control specimen in same solution.
‡Significant increase over immediate specimen in same solution.
§Significant decrease from original inoculum ($P < 0.05$).

in the solutions were measured by a system of quantitative cultures.[3]

In both kinds of peritoneal solution, the mean concentration of amino-acids and total proteins increased by approximately three-fold during the 30-minute still period (Table I). No antibacterial effect (Table II) was apparent in the fluids withdrawn immediately after each change of acetate dialysate, nor was any such effect apparent after a 30-minute "still period." These results dispel the hope that the acetate solutions exert an intermittent antibacterial effect within the peritoneal space. The only protective effect against peritonitis, then, resides in their greater capacity to kill organisms inadvertently introduced into fluids during preparation or storage. This advantage is of especial value to those who must manufacture solutions for peritoneal dialysis in hospital rather than purchase the proprietary fluids.—We are, etc.,

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1 Richardson, J. A., and Borchardt, K. A., *British Medical Journal*, 1969, 3, 749.
2 Borchardt, K. A., and Richardson, J. A., *British Medical Journal*, 1971, 1, 205.
3 Richardson, J. A., Philbin, P. E., and Herron, G. R., *British Medical Journal*, 1968, 4, 757.

Sir Paul Chambers's Inquiry

SIR,—While agreeing with much of Sir Paul's logic (*Supplement*, 6 May, p. 45), especially that regarding the duplicated lines of communication towards, and in, the higher echelons of the Association, I feel I must disagree with his conclusions regarding geographic representation.

I believe he is falling into the Orwellian trap of thinking that, while all members are equal, some should be more equal than others. This seems to be particularly so with regard to junior representation. Taking his line between senior and junior at age 35, and assuming that doctors qualify at 25 and work till 65, then there will be three seniors for every junior. The number of juniors is of course inflated by overseas doctors who come here for training. These overseas doctors have as much right to be heard on the subject of pay and conditions as their colleagues, but I do not think they should be consulted on the broader aspects of policy. Furthermore, junior members are peripatetic and are concerned primarily, and rightly, with consolidating their career and raising a family. In this area there are very few who expect to stay more than a year, never mind three. This situation is not peculiar to the medical profession; all professional men expect to move around.

Nor do I think that there should be two electoral rolls for electing Representatives to the Representative Body. I accept Sir Paul's concept of an area council. I very much prefer the use of the older terminology and would call it a branch council. The new branches ought to be co-terminous with the area health boards. Nevertheless, I think that election to the R.B. should be on the same basis as at present, using the new branches as individual constituencies. So long as the Representatives are ex-officio members of the branch council, and serve for three years at a time, they will be au fait with current problems.

At the top level Sir Paul has reduced his central executive to too small a number. The chairmen of standing committees will become a very bureaucratic group unless they are able to discuss their problems with non-executive members of the new Council. Furthermore, the Council has to represent changes of policy to the membership as a whole. I think the non-executive members of the Council should be elected by Representatives on a regional basis.

Sir Paul is to be congratulated on his work. Many members will disagree with his suggestions, either in part or in whole. Nevertheless, the clarity of his work must make us all think.—I am, etc.,

M. J. ILLINGWORTH

Alva, Clackmannan

SIR,—There are reasons why Sir Paul Chambers's report of his inquiry into the Association's constitution and organization (*Supplement*, 6 May, p. 45) might meet less challenge than it deserves. Sir Paul's generosity in providing his services is inhibiting, as good manners alone make it difficult to criticize what is given free.

The report is a powerful and authoritative one appealing to logic and recommending ruthless solutions. It is, however, the logic of many of its conclusions which are most open to criticism. The General Medical Services Committee and the Central Committee for Hospital Medical Services are both praised for being well informed committees yet they are both recommended for extinction. Is it logical to destroy what is most valuable?

The Association has been criticized for not adapting to its changing relationship with the Government. It is suggested that as now 95% of doctors have the Government as their employer the Association should have a unified and single voice. As no collective action could be taken by the profession, why is this so essential? Should not a broadly based profession have an equally broadly based means of communication?

I distrust the reasoning that junior doctors should have proportional representation within the Association. Firstly, I distrust the anticipated division of our profession into the young and the old; professional life is a continuing process and at no stage should it be necessary to have representation because of one's age. Secondly, great institutions are great because of their past achievements, and this is their legacy given to the future to be used for good or to be dissipated and destroyed. It is the life style of many of today's younger generation to dissipate and destroy what has been valued in the past. Young doctors are no different from their lay contemporaries in this matter.

My main challenge to Sir Paul's report is that he has not got the "feel" of doctors. We are not characterized by political wisdom and administrative ability, nor are we overimpressed with such talents. Our organization should reflect the kind of persons we are. I feel the Association as envisaged by Sir Paul would be appreciated by the Government but would be alien to the doctors it attempts to represent. It would be tailored to the Government's needs, not to ours.

Finally, it is ironical that the main reason for an inquiry into our Association's constitution was the possible need to exclude the proviso to Clause 3 to enable us to function on the Special Register. We are assured by Sir Paul that no such alteration is necessary. The price of getting this information has been the opening of Pandora's box.—I am, etc.,

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Sheffield

SIR,—Congratulations to Sir Paul Chambers on his excellent report (*Supplement*, 6 May,