majority. The second, which was whether Chambers should be accepted "in principle" was very much a repeat performance of the first debate, with the same people putting forward the same arguments.

What was patently obvious to the observer was that those members of Council who strongly disapproved of Chambers were creating a situation where "in principle" was being redempted to "principles," for them spelling out what they regarded as the invariable principles inherent in Chambers. It should have been clear that the S.R.M. which was addressed by a majority was "in its entirety" would certainly vote a majority of two-thirds for "in principle" and a wiser Council would have accepted this fact, or if they could not, and they were men of honour, they should have resigned. They did neither. Instead of graciously accepting a broad term of reference they succeeded in narrowing the meaning of "in principle" and now many of these people are trying to split the B.M.A. down the middle by manoeuvres which will create an even greater resistance to their machinations than that which they created at the S.R.M.

As one who took no part in the debate but was a keen observer, I should say the major issue was that only members of the B.M.A. should be entitled to all the rights of membership, and this I think is fair and has the support of the vast majority of the members of the B.M.A. The other major issue was that the profession should be united, with a governing body responsible for all its subdivisions. This did not exclude individual groupings of hospital staffs and general practitioners, and with good will on all sides there should be no great difficulty in reaching a satisfactory formula over the details.

Our profession needs a unifying body, for there is much more in common between doctors than divides them. The B.M.A. means more than terms and conditions of service in the N.H.S. It means the sponsorship of education and science in medicine, the promotion of medical ethics, the stimulation of private practice, the place of medicine in the community, and a host of other important items. The general practitioner of the future may be as much identified with the hospital service as with general practice, and he is no longer a captive vote for factional interests.

This is the time for wise and cool heads. Threats of resignation are impotent and only damage the whole profession. Reversion to the situation before Chambers is unacceptable, and the behaviour of Council since has emphasized this. I am sure that most members of the R.B. and indeed of the medical profession, would like to see a sensible compromise, but this will not be achieved by exaggerations and distortions.—I am, etc.,

MYRE SIM

Birmingham

Sir,—Because of the apparent contradiction between the reactions to the Chambers Report of the Conference of Representatives of Local Medical Committees and the Representative Body, this L.M.C. consulted all general practitioners on its executive council who clearly explained that it considers would be the effect of the implementation of Chambers' principles and asking for their reaction to the R.B.'s decision to accept these principles.

The results show overwhelming support for the proposition that the R.B.'s decision should be rescinded, and that the Council's own proposals, which were on the agenda of the Special Representative Meeting but were not discussed, should receive proper and deliberate consideration. The results also show support still among non-members for the suggestion that the proposed alterations in the constitution will encourage them to join the B.M.A. We believe that the R.B.'s decision, though constitutionally arrived at, does not truly represent the feeling of general practitioners who do, in fact, make up an important proportion of B.M.A. membership.

One-third of the members of the R.B. did not vote. The decision taken by the rest takes its origin from local discussions, often poorly attended, which do not necessarily reflect local opinion. Of course, no one but doctors themselves are to blame for the results of their own apathy, but this decision of the R.B. threatens a disastrous tearing apart of the profession, and that at a time when it should be concentrating all its energies on the details of the reorganized N.H.S. It is imperative to establish that there really is the desire to precipitate this confrontation. Eighty per cent of our questionnaires were returned and of the replies received from B.M.A. members, 63 out of 67 ask to avoid the confrontation, and we have no reason to think our area unusual.

We have written to secretaries of L.M.C.'s recommending them to organize similar inquiries, but we would ask every doctor who does not agree with the R.B.'s decision to say so. He should write to his local B.M.A. secretary, protesting that he does not agree and that he wants the decisions rescinded so that the Council's own proposals (as summarized in G.M.S. Committee document S.C.2) can be discussed.

This is the protest of the Huntingdon and Peterborough L.M.C. and of, in total, 63 members of the B.M.A., whose signatures to the protest we hold.—I am, etc.,

E. R. DANIELS
Chairman, Huntingdon and Peterborough Local Medical Committee

St. Ives, Huntingdon

Sir,—At a recent special meeting of this division the following resolution was passed: "That the proposal passed at the last Special Representative Meeting to agree to Chambers in principle be rescinded in order that the recommendations of Council to that effect, which were on the agenda but were not discussed, should receive proper and deliberate consideration."

This division is anxious to have a further Special Representative Meeting, and I would like to hear from secretaries of other divisions who would give us their support in this matter.—I am, etc.,

J. K. MURPHY
H.O. Secretary, Huntingdon and Peterborough Division, B.M.A.

Marholm, Nr Peterborough

Sir,—As the ranks begin to close to do battle over the Chambers' Report I would commend to members of the Association a saying of Rabbi Hillel the Elder who, incidentally, was a contemporary of Saint Paul. He said, "If I am not for myself, who will be for me? And if I am only for myself, who am I?" The case for the retention of the present structure of the standing committees could not be put more succinctly.—I am, etc.,

Mervyn Goodman
Liverpool


Hammer and Eye

Sir,—Messrs. Andrew Elkinington and J. J. Kanski (20 January, p. 156) rightly stress that foreign bodies may be present in the eye with little or no clinical indication. They refer, however, only to the use of x-ray examination for their detection.

In the six years that ultrasonic diagnosis has been available at this hospital there has been a considerable number of cases in which foreign bodies in the vitreous, in the lens, in the ciliary body, or in the extraocular tissues have been demonstrated by ultrasonic although nothing was detected by x-ray examination. This is natural enough in the case of wood, plastic, flint, or even aluminium, but recently a case occurred here in which a fragment of steel entered the eye which was so small that, even when its exact position was known, it could not be identified in good x-ray films. This was perhaps due to slight eye movement during the exposures. Nevertheless, it was clearly demonstrated by ultrasonic examination, and the giant magnet produced definite confirmation of its presence though, alas, its mass was too small for it to be extracted.

Ultrasonic examination should always be used in cases in which a foreign body could be present.—I am, etc.,

DOUGLAS GORDON

Moorfields Eye Hospital, London W.C.1

Sir,—The article by Messrs. Andrew Elkinington and J. J. Kanski (20 January, p. 156) has performed a needed service in drawing attention to the danger of an intraocular eye injury causing only minor discomfort and giving no indication of its serious nature.

The importance of taking a careful history of how an eye accident occurred should be instilled into all newly qualified doctors and nurses who start work in a casualty department as well as into all first-aid personnel in engineering works. I have seen a number of cases in which the patient has been quite unaware of serious injury and indeed has not sought advice for some time. The article stresses this and deals with the outwardly visible signs of a penetrating injury; the purpose of this letter is to emphasize that there may be no such signs.

In a recent Crown Court action it transpired that a very small metallic foreign body had penetrated the skin of the lower lid and entered the sclera behind the lower conjunctival fornix, thus showing no external evidence on the eye. It was also proved that the foreign body left the hammer a