that when the contract is priced the most curious views on it would be given by the CCHMS and that no further ballot would be recommended.

Success to me would be the CCHMS getting a priced contract which would give me nearly as good an NHS salary as my poorest surgical colleagues in mainland Europe. My doubts about this being achieved are profound, but if it is I would be the first to share Mr Grabham's rosy thoughts on our future.

DENIS G CALVERT

Gloucester

SIR,—In the recent ballot on the consultant contract the percentage poll of senior registrars was only 40% (1 July, p 67). Despite your editorial assumption (p 4) that the non-voters did not wish to or could not be bothered to vote, the correspondence (1 July, p 58, and 8 July, p 128) suggests that a significant number may have been unable to vote because they were not in receipt of their ballot papers in time. Unfortunately it is the senior registrars alone who will bear the full brunt of the new contract, as all present consultant contract holders can retain their present contract.

The wording of the contract can only bring tremors of anxiety to those who read it. Paragraphs 4 and 5 of the Health Department proposals (13 May, p 1291) indicate that the employing authority alone can add to or take away part of a consultant's salary at 2- to 5-yearly intervals and that should the consultant object the authority will "formally recognise the fact."

The individual's basic contract, whether it be for 10 or 15 notional half days, is in fact for a minimum 52½ hours per week, as only after this time can emergency recall fees begin to be paid. The banding for this emergency on-call does not distinguish between a one-in-two or one-in-three rota, and again it is the duty of the employing authority to decide what are the needs of the service in this respect.

The pricing of the contract appears to be less important than some of the fundamental rights, such as a fixed salary, which this contract removes. Is this contract and its pricing the "pot of gold" held out to the consultants in order to have it accepted in its present form only to find the freedom to choose one's work load and negotiate wages lost? Unfortunately, only the present senior registrars will be able to assess the long-term effect of this new contract on their employment within the NHS. The experiences of the junior hospital doctors' contract has shown how difficult these negotiations are and how the wrong word or phrase can cost the profession dearly. Thirty years after the birth of the NHS let us hope that this new step forward provides the substantial benefits hoped for, though in its present wording, and without the addition of fundamental safeguards, I cannot see how.

P J HIRSCH

Manchester

Ballot of consultants and registrars

SIR,—Dr J G Leopold's letter (1 July, p 58), complaining about the distribution of the recent ballot does not stand up to serious examination and must be regarded as mischievous rather than constructive.

Realising the difficulties of achieving a 100% distribution of ballot forms (p 67) the Central Committee for Hospital Medical Services and its officers devoted much effort at meetings, through the medical press, and in the ballot itself to publicising how those entitled to vote could obtain a ballot form if they had been omitted from the list. In Dr Leopold's own hospital, in addition to the general meeting addressed by the chairman of the Negotiating Subcommittee, at which the advice was given, notices were put up in medical staff rooms bearing the address and telephone number of BMA House, Cardiff, from which ballot forms could be obtained. Perusal of records kept at that office show that only four consultants from the department of pathology applied for ballot forms. I can only assume that at least 15 of the 28 colleagues of Dr Leopold were not interested in giving their opinion.

RUSSELL HOPKINS
Linkman,
University Hospital
of Wales

Dental Hospital,
Cardiff

You don't get what you don't ask for

SIR,—The BMA must ask members for information—grade, specialty, work place, employer—if it is needed, for example, to conduct ballots effectively. It is totally unrealistic to expect members spontaneously "to report changes" (leading article, 1 July, p 4) without guidance. At present a member is only motivated to report changes in the address he wants his *BMJ* sent to, and I for one have never been asked for any other data since I joined the BMA as a house surgeon.

There is a simple remedy. Ask for the changes required on a tear-off computerable sheet attached to the annual subscription/charities circular—and make sure that the membership department has the facilities to process it for all the central and peripheral calls that will increasingly be made upon it.

W F WHIMSTER

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King's College Hospital,
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Money for old rope

SIR,—It is a short-sighted view advanced by Dr S P Linton (24 June, p 1701) when he says that many general practitioner trainees receive poor training and that the trainer does not deserve a grant.

Many regions now have strict criteria for the appointment of GP trainers and carefully ensure that standards are maintained. A GP trainer who, in addition to the general supervision of his trainee's activities, spends a minimum of 2½ hours a week in tutorial, plus preparation time, plus sitting in on his trainee's consultations, plus attending a regular trainers' group certainly requires financial recognition for his effort. For the Department of Health and Social Security not to pay a grant would be an admission that they do not expect adequate time to be spent for the job to be done well. If the grant is over-generous, which it is not to conscientious teachers, then there will be more trainer applicants than trainees and those abusing the system will be weeded out.

The analogy with consultants is irrelevant—

consultant teaching is done as part of a salaried contract. A GP contracts his services to his patients and teaching is an additional undertaking.

MARTIN LAWRENCE

Chipping Norton, Oxon

Category II fees for consultants

SIR,—In the report on Mr D E Bolt's comments to the Senior Hospital Staffs Conference (15 July, p 219), the reference to radiologists and pathologists being paid "for the advice given to the Service" should have read "to the Employment Medical Advisory Service."

Although this battle has been won, the major campaign to secure a general revision of the terms of Categories I and II to make them more intelligible to all concerned has still not been completed. Negotiations with the Department of Health and Social Security have rumbled on for some six years now. Proposals have been made by the negotiators, but the DHSS is dragging its feet in continuing discussions despite repeated representations by BMA House.

MYER GOLDMAN
Vice-chairman,
BMA Radiologists'
Group Committee

BMA House,
London WC1

Points

Burn hazard with cement

Mr E S SEAGER (Chief Chemist, Rugby Portland Cement Co Ltd, Rugby) writes: . . . The second reference at the end of the article by Mr M W Flowers (13 May, p 1250) mentions that this company provided information relating to the typical lime content of a cement. It is conventional in silicate analysis to express the compositions as percentage by weight of oxides. This in no way implies that the oxides are actually present in the cement. Mr Flowers would seem to acknowledge this by stating that the bulk of the lime is present mainly as tricalcium silicate. Thus it would seem to be unnecessary . . . further to describe calcium oxide as quicklime and a corrosive agent when only 1.5% is present in unhydrated cement and none in wet concrete. In the presence of water free lime hydrates immediately to calcium hydroxide and together with further calcium hydroxide formed by the reactions of the calcium silicates with water is responsible for the alkaline reaction of fresh concrete (pH approximately 12.5). . . .

Epidemic myalgic encephalomyelitis

Dr W H LYLE (London W1) writes: Your stimulating leading article (3 June, p 1436) about this condition and the subsequent letters from Drs H G Easton (24 June, p 1696) and Celia Wookey (15 July, p 202) refer to a symposium which was held recently, by courtesy of the council, at the Royal Society of Medicine. Those of your readers who are interested in the subject may care to know that the proceedings of this meeting will be published in the November (1978) issue of the *Postgraduate Medical Journal* under the title "Epidemic Neuromyasthenia 1934-1977: current approaches."