orientated electromedical equipment should be inspected by the electronics technician on arrival at the hospital, and all functions tested before it is put to use.

One wonders whether this document should have been reviewed as if it were a textbook.

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Who heads x-ray departments?

SIR,—It is with some dismay, which will I feel sure be shared by many of my fellow radiologists, that I read in your columns (6 January, p 54) the most recent letter from Dr M Lea Thomas.

Dr Lea Thomas has previously expressed a view of diagnostic radiology manifestly shared by very few of his colleagues (2 September, p 706). He has also proffered solutions to our undoubted problems which are clearly unacceptable to the majority of radiologists. We are now offered comments on the organisation of x-ray departments which are at best injudicious and at worst calculated to inflame disputes, which have, regrettably, already occurred in some quarters.

The concept of a "head of department" is an administrative creation and there is room for debate whether such a designation is either necessary or desirable. The efficient and harmonious operation of an x-ray department and, I venture to suggest, of other such service departments rests upon co-operation between those working within it. This in turn will depend on awareness and acceptance of differing areas of responsibility and also of the fact that those concerned have their respective capabilities and limitations and are largely interdependent. There must above all be mutual respect between disciplines. The "cogwheel" system has its limitations but if operated in a sensible and flexible manner need prove no barrier to continuing coherent and co-operative management.

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SIR,—I do not think many radiologists would agree with Dr M Lea Thomas's opinion (6 January, p 54). Most radiologists consider that the departments in which they work are clinically orientated, investigation of patients being organised to solve the particular problem of each patient.

Perhaps this is an ideal rarely achieved but I fail to see how anyone other than a medically qualified person can be head of a department with such ideals.

D W PILLING

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SIR,—Who heads x-ray departments? This rhetorical question is unnecessary. Consultant radiologists, as they alone are capable of the clinical decisions, must run x-ray departments and should supervise management duties delegated to other staff, among whom an efficient superintendent radiographer is essential.

Abrogation of the consultants' duties, even though they may be hard pressed, will lead to

further deterioration in radiology in this country.

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SIR,—Dr M Lea Thomas (2 September, p 706) suggested that clinicians should run his department. Now (6 January, p 54) he suggests that radiographers should do so. Has he considered that it could be run by radiologists—a system which works well in other centres?

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Consultants now a special case

SIR,—It appears to be now generally accepted by the public that the police and armed Forces should be treated as a special case. It is accepted that their rises in pay have been less than other sections of the population. Moreover, this has been brought to the public attention by their respective review bodies and by some militancy.

However, it can now be shown that consultants in the National Health Service, and also certain other hospital grades, notably senior registrars, have not had rises in pay as great as those achieved by either of these groups or by top civil servants. Thus these groups have been better served by their respective review bodies than has the medical profession.

From the table it will be seen that, whereas a senior registrar started in 1964 as the second highest in the list, by 1978 he has fallen to the bottom of the list with an increase of 192%, in relation even to civil servants who were above him previously—who have achieved 227% yet consider that they are now behind other similar professions.

It can also be seen from the table that, although consultants in 1964 received the highest salary of all the four groups, by 1978 the situation was grossly changed. They no longer receive about twice the salary of a chief superintendent or 30% more than a brigadier, and they received less than an assistant secretary—and even assistant secretaries in the Civil Service consider that they are grossly behind in the pay scales. Moreover, the table shows that consultants have had a far lower percentage increase than any other of the groups. Thus, if the police and the Forces are a special case and are accepted as such by the Government then it would appear that consultants are even more of a special case.

Mr David Ennals says that there should be a better way of settling pay problems than by

militant action and, of course, there is. That is abiding by the recommendations of an independent review body set up for the purpose, provided that such a review body is strong enough to make its views clear to both Government and the nation even if these views do not conform to a pay policy designed to deal with an industrial situation.

It may be that our present review body is at a disadvantage because of historical events. Our first review body resigned because its recommendations were not accepted by the Government. It was replaced by one which was perhaps more favourable to the Government but, as a result of a large amount of feeling in the profession, rightly or wrongly the chairman of that review body also resigned.

This situation has unfortunately left the present review body starting from a baseline that was itself considerably below what it should have been. What is required now is for our present independent review body, firstly, to take into consideration the historical events leading up to its own formation and, secondly, to make a comparison with various professional occupations as far back as the constitution of our review body system—that is, before pay policies distorted the situation.

They should then assess the right and proper remuneration for all branches of the profession and should make their views and their reasons known to the Government and the nation. They would then be in a position to update the remuneration in respect of the old contract and also to price the new contract correctly. It will be necessary to price both old and new since it is inevitable that both contracts will be in force at least for several years.

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Pathologists' work load

SIR,—I was interested to read the letter from the chairman of the BMA Consulting Pathologists' Group (13 January, p 130) about the work load of pathologists.

In view of the references in that letter to the services provided on behalf of general practitioners, I would emphasise that the General Medical Services Committee fully understands the problems and difficulties of consultant pathologists in dealing with their greatly increased work load in recent years. So far as general practitioners are concerned, this part of the National Health Service is now indispensable to their work. I would not wish to comment on the contractual position of pathologists, but we would certainly support fully measures aimed at providing a just

Salaries in the medical and other professions at different levels 1964 and 1978*

Post	1964 £	1978 (actual) £	Increase over 1964 %	Appropriate to 1978 but payable in stages £	Increase over 1964 %
Senior principal	3 300	10 809	227	not applicable	—
Senior registrar*	2 395	6 990 (9 105)	192 (280)	8 100 (10 551)	238 (341)
Superintendent	2 160	9 195	326	10 550	388
Major	1 734	7 274	319	8 702	402
Consultant	4 445	12 084	172	14 361	223
Assistant secretary	4 300	12 273	185	not applicable	—
Brigadier	3 212	11 249	250	13 501	320
Chief superintendent	2 325	10 126	336	11 550	397

*Figures in parentheses include average payments for units of medical time.